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# OBITUARY

## SANDOR FERENCZI, 1873–1933

BY
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It is my painful duty to announce to you the death of one of our most distinguished and well-beloved colleagues. After a long and distressing illness, Sandor Ferenczi died on May 22nd, shortly before the celebration of his sixtieth birthday. With him we lose one of the leading pioneers of psycho-analysis, an inspiring personality and a trusty friend.

Younger colleagues have perhaps seen Ferenczi through a tinted glass, his personality impaired by chronic illness and his later work not readily to be understood or appreciated. It is therefore not easy for me to convey to them the tremendous significance that Ferenczi had in the earlier development of psycho-analysis, both as a branch of science and as an organization of our common work. Let me relate a few of the actual facts of his life in this connection. He had practised for ten years in Budapest as a neurologist and psychiatrist before seriously working at psycho-analysis. In these years he became familiar with both the powers and the limitations of the hypnotic method. On reading the *Traumdeutung* on its appearance he had not been able to assimilate its teachings, and it was only on recurring later to the *Studien über Hysterie*, a book he had casually read years before, that he was impressed by the new perspective there opened out; the *Studien* remained his favourite among Freud's writings, and he could point out in them the most astonishing hints of Freud's later ideas. One may date his real contact with psycho-analytical work to 1907, the year he first met Freud. From then he remained for many years in the closest friendship, scientific and

[1] Spoken before the British Psycho-Analytical Society, June 13, 1933.

personal, with Freud. They travelled much together, and during the war he underwent a personal analysis with him. At Freud's suggestion he proposed in Weimar, at the Second International Congress, in April 1910, that a permanent International Association be founded, and on that occasion he played a not inconsiderable part in reconciling the rival Viennese and Zürich groups. His own wishes were that a much more intimate 'Brüdergemeinschaft' be formed than has proved feasible or than perhaps is humanly possible, but the foundations he built were securely laid. In May 1913, just twenty years before his death, he founded the Hungarian Psycho-Analytical Society, and so has functioned as a group leader longer than any other. At the Budapest Congress, 1918, which was subsequently recognized as an International one in spite of the war exigencies, he was elected President. In this capacity he granted me permission to reorganize the British Psycho-Analytical Society in March 1919, and in this connection and in recognition of his distinguished services to psycho-analysis, we elected him an Honorary Member—the first—of our Society. The eccentric position, and virtual isolation, of Budapest led him to resign his Presidentship of the International Association in 1919, and a favourable occasion for re-electing him, which we all wished and intended, was prevented by various turns of fate. He was, I think, the last of our members to be present at all the International Congresses that have so far been held, and it is hard to contemplate our meeting together in the future without his genial presence. He spoke —I say spoke, for only at the last Congress did he actually *read* a paper—at nearly every Congress, and his turn was always the pinnacle of interest for the audience. The richness and warmth of his personality, together with his gifts of oratory, heightened the never-failing value of his communications.

Ferenczi was a stimulating rather than a systematic organizer. His contribution was the spirit of enthusiasm and devotion which he also expected, and aroused, in others. He was above all an inspiring lecturer and teacher. Before an audience, even of one, his imagination worked at its best, and every theme flowered and developed into far-reaching directions. He was a highly gifted practical analyst, as many present—including myself—know from personal experience; his sympathetic intuition was of a quality that cannot be acquired. Of his more personal attributes I do not find it easy to speak, for he was one of my nearest and dearest friends. His kindliness was unfailing and showed the genuine nature of his charm and loveableness. Two

other outstanding qualities—honesty and loyalty—were developed in so high a degree that one might almost apply the word ruthless to them ; one could trust him to the last. There was a vein of determinedness in his nature which made him never flinch from any path he decided on, however painful the consequences might be. His life and achievements bespeak an intense endowment of energy. He complained at times to me of his ' laziness ', but that only measures what he demanded of himself. Though sensitive to the opinion of others, he was the sternest critic of himself and his work. Last, but not least, was his extraordinary power of imagination. This showed itself not only in his capacity for understanding and identifying himself with others, but also in more intellectual realms. Observations, discoveries, conclusions he never accepted empirically as finalities. They fertilized his mind and stimulated him to further thought or even distant speculation. I will quote two instances of this out of hundreds or thousands. His observation of the special feeling tone attaching to obscene words—one which with many workers would have remained a banal fact—led him to propound a series of interesting reflections on the psychical significance of the development of speech in general. Again, his discoveries concerning the ætiology of ejaculatio præcox were the starting point of his theory of pregenital amphimixis, ideas which later were extended into the farthest realms of biology.

Several circumstances make it not easy for us at present to make a final judgement on Ferenczi's place in science. Freud always gave him generous credit for ideas they had worked out in common, and it is not possible at times to distinguish their respective shares. Many of Ferenczi's most original and valuable contributions are now so generally accepted as axiomatic that one is apt to forget their source. I might instance here his penetrating essay on ' Stages in the Development of the Sense of Reality '—in my opinion the best he ever wrote ; his inestimable contribution to our knowledge of homosexuality and paranoia ; his keen observation of the phenomenon of transitory symptom-formation, and endless others. Again, what many consider as his most impressive work, the *Versuch einer Genitaltheorie*, seems to have stunned rather than stimulated the minds of his readers, and opinions differ widely about whether this is because the ideas there expressed are still too far beyond us or whether they were too subjective. It may well be that a future generation will find in them inspiration for a great advance in thought ; but perhaps not. Probably many have been deterred from intensively studying and pursuing the line of

thought there opened up by the fact that in his still later writings Ferenczi showed unmistakable signs of mental regression in his attitude towards fundamental problems of psycho-analysis. Ferenczi blazed like a comet, but did not shine steadily till the end. In this course he illustrated one of his own most important teachings—the astoundingly close interdependence of mind and body.

Leaving aside, however, all future estimates of his work in detail, we may be sure that as a creative and original thinker, and as the most stimulating pioneer Freud's young science of psycho-analysis has yet seen, Ferenczi's name will remain emblazoned in letters of gold. And what touches us more nearly: we recognize with heavy hearts that we have lost the most devoted of fellow-workers, the most inspiring of teachers, the truest of friends. We shall not look upon his like again.

# SANDOR FERENCZI

Born July 16, 1873. Died May 22, 1933

A Memorial Address delivered at a Special Meeting of the Vienna Psycho-Analytical Society, July 17, 1933

BY

PAUL FEDERN

Of those who responded to the clarion-call of Freud's writings and joined the ranks of psycho-analysis, each one has stood in a special personal relation to the master's work and has approached in an individual manner the victories and hardships to which Freud led the way. A king was building, and men of intrepid and unwavering spirit were eager to fetch and carry for him. Some realized the magnitude, though not the full grandeur, of that which was opening up before their eyes. With the companion of Columbus they could say: 'I did not understand what he taught: I accepted it all. In the power of his glance I read the promise of new worlds'. There were others who needed further proofs before they could join the movement. As St. Thomas required the evidence of all his senses, so they demanded that the genuineness of the new revelation should be scientifically attested by all possible methods before they too should believe. Their work was determined by these resistances, and carried on in the teeth of them; it was for such as they that training analysis was subsequently introduced, thereby saving them a great deal of time. When the soil has been broken up by the plough, original ideas will strike deeper root. Ferenczi himself had at first to battle with resistances; he was assisted by the Zürich school's 'more exact' method of proving the facts of repression and sexual complexes. When Jung became President of the International Psycho-Analytical Association, he remarked, in justification of his election, that three leaders of the Psycho-Analytical Societies had passed through the Zürich School. We were destined to discover that the demand for 'additional proofs' led sooner or later to secession. Ferenczi, however, soon won his way to the 'happiness of firm conviction'. At the Munich Congress, in a paper entitled 'Belief, Unbelief and Conviction' (a reply to the opposition headed by Jung), he challenged the method of 'prospective' analysis advocated by the latter. With the steadfastness of his own persuasion he urged that every conviction to which a patient might be led should be achieved by analytic work: resolution of material, explanation of the origin of the resistances and their ultimate removal. This confession

of faith in Freud's analysis was a confession of his own development ; yet analysis never meant for him the mere psycho-mechanical resolving of tangled associations or the materialistic liberation of instinctual forces. Then, as later, his philosophical bent was no less strong than that of the writers whom he criticized. All his original work gives the impression of personal delight in the effort to discover for himself and to point out to others the ways of the creative mind, through which the body is built up.

In Ferenczi, however, this desire was accompanied by a self-criticism which rejected all pseudo-evidence. He had no ' Sunday ' philosophy of life (Freud). He never forgot that analysis has shown how often philosophical views and spiritual evaluations are merely reactions, arising through anti-cathexis, to suppressed cravings of our instinctual nature and have no objective value as evidence. He was logical to the point of asserting that both psycho-analysis and the ' bio-analysis ' of which he himself made trial have no end and no aim, but merely motives. It was probably his own inner needs which caused him again and again to revert to the difficult problem of psychic anti-cathexes. And, just as he rejected anagogic and religious hypostasizations, so he was opposed to materialistic mythology and the consequent misunderstanding of determinism as ' *laissez faire* ' and aimlessness in life.

I should not touch on this point of the philosophical view of life, were it not that, from my personal intercourse with Ferenczi and still more from the fresh perusal of his writings, I feel sure that I must do so in order rightly to do justice to the motive force which underlay his creative work and the way in which it was built up. Many times over he declared how disappointed and ashamed he felt at the lack of soul and spirit in medical theory and practice as he knew them before psycho-analysis took hold of him and revealed to him the importance of mind for *everything :* for human existence and the genesis of humanity. His constant and keen interest in the reactions of disappointment and mistrust in childhood was perhaps a projection of his own disillusionment and humiliation. The child's disappointment when the idea of his own omnipotence is shattered and, still more, when he realizes the unreliability of the grown-ups on to whom he has projected that omnipotence, opened Ferenczi's eyes to the progressive development of defence-reactions and this, in its turn, led him to his theory of primal introjection and primal projection. He had long been distressed at having to intervene, with such inadequate means

at his disposal, in the lives of others. Only one to whom ' the understanding of himself and others ' was life and breath could have so immersed himself in the processes of nature as to conceive of the genital theory.

Ferenczi, the man of conscientious principle, found in psycho-analysis a medium of reconciliation with his professional work ; Ferenczi, the man of science, found it a means to a provisional solution of his problems. The deep gratitude to Freud, which glows in his writings, was not merely a tribute to the personal friendship between the two men : that was something which did not concern the public. It was a thankfulness transcending personal relations—the thankfulness of a mind which ' with ardent aspiration had fought its way out of the dark '.

Thus Ferenczi was won over to psycho-analysis : enthusiastically, yet without fanaticism, he threw himself into the work and devoted his study to the material which his psycho-analytic practice furnished from day to day, typical in its nature yet always individually presented. In all those fields which analysis rapidly entered with such fruitful results, he discovered matter for his many writings, details of interpretation and new and better ways of applying his interpretations. Many of his clinical communications are like rare stones which a collector lights upon unexpectedly. Others tell a story of work : of how, after laborious endeavour, he invented fresh technical devices, or how a patient would himself discover a new way of overcoming resistances. It is characteristic that the new discovery was at once utilized as evidence in some other, quite unrelated, context, for Ferenczi always worked with his eyes on the whole field, in its various strata, never allowing himself to be buried in working out a single vein. Even though his great work, the *Bausteine* was divided into two volumes labelled ' Theory ' and ' Practice ', the distinction could not be an absolute one. For instance, a work on ' Similes ' may begin with clinical observations and end with fresh arguments in support of that most profound of metapsychological notions : the non-qualitative nature of the libido. Or a short communication on parapraxes which were supposed to have been but had not in fact been performed, would lead to an exact differentiation of the various functions of the conscious ego. In my opinion his most important achievements were his working-out of Freud's explanation of hypnosis as depending on the masochistic attitude of the person hypnotized and his discrimination of the different forms of homosexuality both

according to the mechanism underlying them and to the fixation of the homosexual components to object or subject. The exact differentiation of the two kinds of homoerotism cast just that light on the problem which all psycho-analysts stood in need of if they were to pursue it further. For the many contradictory findings hitherto were a source of confusion, and homoerotic patients were being left unanalysed until such time as the explanation of these contradictions should make it possible. Particularly admirable and comprehensive, from the clinical standpoint, is his summary of transitory symptoms, the counterpart of which amongst the actual neuroses is ephemeral (' one-day ') neurasthenia. This clearly defined clinical picture throws into relief the most actual of the actual neuroses, thereby providing fresh confirmation of the theory of actual neurosis in general. Every work of Ferenczi's demands and deserves a detailed appreciation. I am not attempting this now, especially as the task is to be performed by Simmel in his Memorial Address in the current issue of *Imago*. I will merely give my own view quite briefly: Ferenczi, so deeply dissatisfied with his clinical work before he became an adherent of psycho-analysis, made most valuable contributions to the investigation of the neuroses and psychoses. But, at bottom, the psycho-analytic method was for him an heuristic one, to be applied in research into the genesis of the structural types of the organic world. The service long owed by physiology to psychiatry was now to be rendered to physiology by psychiatry itself in this its renascence. A ' noble revenge ' indeed for the indifference of the school of organic neurology!

As time went on, Freud proceeded to apply psycho-analysis to cultural and social psychology and the history of the human mind. Ferenczi, in his popular lectures and elsewhere, joined him in this development of the subject. But Ferenczi's method always retained its individual character. To my knowledge, he was the first of us to use the term ' individual psychology ' and, in spite of its misuse by Adler, he continued to employ it as characteristic of our method. In his view, however, the symptoms and reactions of a patient are to be explained not merely as the outcome of that individual's past libidinal experiences: they are, in addition, always the representatives to-day of his *bodily* history, as well as the expression of the fate of the libidinal cathexes in the evolution of the race. This threefold stratification of the principle of research—psycho-analysis, somato-analysis and bio-analysis—according to psychic ontogenesis, somatic ontogenesis and biogenesis, is the characteristic feature of Ferenczi's work. The

application of psycho-analysis to the physical history of the individual, i.e. the method of organ-analysis, had been initiated simultaneously by Deutsch, Jelliffe and Groddeck, but the third principle, the method of bio-analysis, was entirely his own. His lucid and logical hypothesis was as follows: Whenever instinctual processes have been frustrated or impeded by the repeated inhibition which permanent changes in environmental conditions have imposed upon particular organs in the organism, two results have ensued. Quantities of libido have, on the one hand, been displaced on to those functions, organs and groups of organs which have entered the service of the new adaptation, or, on the other hand, have concentrated themselves in the genital system, as in Darwin's pangenesis. (Without explicitly stating it, Ferenczi implied that these quantities of libido are displaced both on to the genital apparatus and the seminal glands. It is interesting that, in logically following out this idea, he arrived independently at that of possible rejuvenation as carried out by Steinach.) In Ferenczi's view the primacy of the genital connoted not simply the cessation of those pleasure-cathexes which are necessary in childhood, but the actual unification [1] in the genital of the quantities of libido previously used by the partial component instincts. Taken thus generally, the theory would merely have been an extension of the theory of the libido, for we know that every organ performs a double task: in the service of sexuality and in that of the individual. Inhibitions of the latter function cause a damming-up of the libidinal cathexis and possibly its compensatory displacement on to other organs. The heuristic significance of the notion lay in Ferenczi's application of it to all subsidiary manifestations as well. He held that wherever primary psychic processes, especially those of displacement and condensation, were at work the result from the psychic standpoint is not merely an expression of the elaboration of certain definite stimuli, but is also the consequence of an actual displacement of instincts; thus it is the historic deposit of earlier battles, of libido dammed up, victories won and destruction warded off in the past, during the phylogenetic struggle for existence. These recurring battle-crises in the history of man and beast were called by Ferenczi catastrophes. When he said (in connection with the

[1] Ferenczi applied to this unification the term 'amphimixis', not a happy designation since the word had already a special significance in the Darwinian theory. He first used it to describe the unification of urethral and anal elements in the male genital processes.

report of a parapraxis) : ' Nothing in animal nature is alien to you ', he was not merely admitting that man possesses the *chorda dorsalis* and animal instincts : he was expressing his wonder at the fact that our deepest experiences are in the deepest sense deep in that they originate in, retain and reproduce the mortal struggles of life to adapt itself to the vicissitudes through which this earth has passed. In particular, symbolism signified to Ferenczi not merely the elaboration of ideas under the influence of repressed meanings but actually the psychic elaboration of biological connections. Thus, comparisons and symbols were the reproduction of some actual corresponding biological occurrence and every unconscious, typical symbol is a vestige of some corresponding previous occurrence. In those cases where no biological occurrence corresponding to the comparison could be assumed because, as in the case of symbols of the maternal organs, they evolved as a completely new phenomenon, the symbolism reaches back to still earlier biological processes which then, as Ferenczi postulates, determine the comparison.

This is the animism which Ferenczi and also Groddeck profess. In the words of the former it is free from anthropomorphic errors ; it traces the formative influence of the libido upon living beings—on the stratification of co-operating organ-energies which are simultaneously steered in a centralized uniformity. Damming of the libido and the prevention of such damming—these are the forces at work in autoplastic adaptation. The libido ceased to exercise its formative influence upon organic matter when the autoplastic process was succeeded by the heteroplastic, i.e. (as other scientists, such as Köhler, Bühler and his followers have shown) when the primary mechanisms gave place to the secondary, the pleasure-principle to the reality-principle. At the same time, by the path of sublimation the formative libidinal force began alloplastically to modify man's environment as he invented weapons and handicrafts and developed art and science.

Ferenczi's theory corresponds a good deal more closely to Lamarck's than to Darwin's principle of selection. In Ferenczi's view Lamarck's principle operates through the autoplastic force which may be exercised by libidinally cathected ideas, since in their content fulfilment of desire takes shape, whether it be the appeasement of a craving or the alleviation of some distress. Freud holds that the effects of the psychic catastrophes which overtook the family in primeval times are still to be traced in the Œdipus situation and the formation of the super-ego : Ferenczi proceeded further by way of ' extrapolation '. According to

his hypothesis the latency-period is the result of the glacial epoch and, similarly, he accounted for the existence of mammals, the phenomena of birth, intra-uterine life, copulation and the appearance of various secondary and tertiary sexual characteristics by vast telluric changes which continued over long epochs and, from the standpoint of ' individual psychology ', constituted a catastrophe for all the creatures which experienced them. Some of his biogenetic hypotheses are peculiar, and yet they fit the facts so strikingly that one regrets not being able to test them. ' But it is easier to guess a sequence of lottery numbers than to divine the secrets of nature ', as said one who saw furthest himself. We do Ferenczi an injustice if we dismiss his anthropogenetic theories as fantastic. On the contrary, they are the logical working-out of an hypothesis, the correctness of which can perhaps be tested even though the objects with which it is concerned can never be reproduced. The hypothesis is this: that existing symbols and irrational connections have their origin in an historical succession of events and are not the result of a mere combination of the psychic representatives of objects. Symbols are not produced by the elaboration of primal material; on the contrary, the nature of that elaboration has itself been determined by physical evolution. From the ontogenetic standpoint we already have analytic confirmation of these relations but, from that of biogenesis, proofs are as yet lacking. If, however, there is any possibility that libidinal tensions can produce autoplastic bodily changes, then it was only logical to go on to assume that all bodily forms can have arisen thus.

As Freud holds that affects are the remains of psychic experiences which were once conscious, so Ferenczi believed that instincts were the remains of earlier organic experiences, i.e. that their form, their destiny and their nature were determined by environmental occurrences. Hence, the psycho-analytic discoveries of libidinal cathexis, the fusion and defusion of instincts and the meaning of symbols were to him reliable evidence, in our own time, of a past which was not a merely psychic reality. Ferenczi confirmed Freud's theory that every instinct aims at reproducing a state of rest which has been disturbed. But, in order to approach as near as possible to the unattainable, by some circuitous path, there must be within the instinct a force which draws (or perhaps one should say thrusts) it forward. If we grant the premises, and in my opinion the evidence in favour of them is strong, then Ferenczi's bio-analysis is fundamentally correct, though it may be subject to many modifications in its working-out. For

instance, it seems to me doubtful whether it can be assumed that a return to the mother's body was the original motive for the processes of copulation in mammals—this at a period when there had been as yet no intra-uterine existence. Similarly, it seems arbitrary to equate the pleasure of the embryo in the womb with the sexual pleasure of copulation. On these points Ferenczi was influenced by Rank's work *Das Trauma der Geburt*, which, he thought, simplified his argument greatly. But, quite independently of such assumptions, Ferenczi's genital theory can be maintained, with certain modifications. Thalassal regression, the significance of the search for moisture on the parching earth and the associated historical explanation of sea and earth as successive symbols of motherhood, the boring into the damp ground in order to find the longed-for humidity—the opening portal of the woman's (mother's) body which restores that 'loving shelter'[1] the autoplastic process in the female's own body presented as a substitute for the unattainable sea in the external world, the compensation thereby afforded to her for her renunciation of autoplastically creating an organ of generation for herself: all these are but approximations to the truth, of which Ferenczi received the first indication in his researches when he discovered the threefold identification implicit in the process of copulation (identification with the sexual partner, with the organ of reproduction and with the reproductive substance). These are no animistic phantasies: they are logical deductions from the correctly apprehended relations of individual psychology as seen in analysis.

In the work of a genuinely creative mind we can detect always a single mode and trend of thought, even though there may be interruptions and deflections due to the powerful influence of other thinkers. To Ferenczi psycho-analysis was no such deflection; rather it was the instrument for which he had longed and which he used with a master's skill. Again, his meeting with Groddeck in 1921 was of the nature of a fulfilment, not of a deflection. When I said that they were both animists, I did not use the word in any invidious sense. It seems only a logical inference from the theory of the unconscious to assume that the mind, before it expresses itself in thought, feeling and volition, should shape the bodily organs in accordance with the experiences of the past stored up in the egg-cell (Hering's 'memory in matter'). But Ferenczi's conception is also animism in the old sense of the term, for, reasoning from the analogy of the processes in the evolution of human beings, he assumed that mind influenced all other organic

[1] [*Liebesberge*. Wagner (in Tristan's song of his mother).—Tr.]

matter as well (and, like Fechner, he extended this conception to inorganic matter also).

Psycho-analysts may perhaps reject bio-analysis on the ground that it ranges too far, but, in the narrower field of psycho-analytic research and therapy Ferenczi's ideas were so fruitful that, as Professor Freud has just reminded us, we all became his disciples. In every one of his works we see his great power of grasping the element of similarity in processes which other people had till then regarded as widely dissimilar and of thereby discovering new explanations—new to himself as well as to the rest of us. He was encouraged in the exercise of this capacity by the example of Freud. It requires intellectual *courage* to devote one's psychic resources to the establishing of connections hitherto undreamed-of, and intellectual *energy* to muster the necessary psychic force for the severing of established relations, to prevail over the libido which has become inert in its accustomed bondage. Ferenczi himself was interested in such questions and studied the problem of habits of thought as well as (in a very important later work) that of the affirmation of what is painful. Bold as were his new notions in severing and forming connections, his conscientiousness in testing them held the balance true. If he conceived an idea to be sound he would pursue it with the utmost logic, sometimes exaggerating in pressing it to the very limits of its applicability. He did this the more readily because of his firm conviction of the heuristic value of the theory of libidinal cathexes. For instance, he struck us as going too far in the use of his active therapy, but it was inevitable from his point of view: he saw no other way of separating the quantities of instinct which had become bound up with one another, as it were by a faulty connection, and of forcing them back to their former position so as to give them a 'fresh start'. He sought to justify his procedure on practical and theoretical grounds by stating that, although psychic contents emerge as free associations under the stimulus of analysis, yet they are not fully abreacted and can be so only when the repressed or fixated instinct-quantities belonging to them also come into consciousness. This, he said, does not happen so long as the subject remains undisturbed in a state of satisfaction (i.e. from the economic standpoint of pleasure-pain) which he has attained. In order to upset the—abnormal—psychic balance the instinctual gratification which he is at the moment enjoying must be so heightened or inhibited that there is introduced into it an element of pain. Later, however, Ferenczi discovered the disastrous consequences of these experiments and

frankly communicated them. He had fallen into error not through generalizing from some accidental finding, but through excess of logic : it was a defect of his qualities. He gave up all extravagance of activity in his technique and reverted to his original conviction of the traumatic genesis of neurosis, which had indeed always been the core of his theory of catastrophes.

We find that, like Ferenczi, all the older analysts seek for new technical methods ; this is partly because, as they go on, they have specially difficult cases to deal with and partly because they have reached a point at which they can venture on the analysis of new types of disease. Ferenczi used to try to overcome the ego-resistances of patients who had already advanced far in analysis with other analysts. In so doing he was consciously departing from the attitude of resignation adopted by Freud, who holds that ultimately the ' ego of the analysand ' has to decide whether he means to retain the results of his analysis in consciousness and to stand firm, in future, in the face of the urgent claims of instinct, the pressure of the external world and the limitations imposed by a super-ego which has become normal, or whether he will *once more* take flight into illness. Ferenczi's latest experiment, that of applying to adults the methods of child-analysis, identifying himself in the closest possible manner with the infantile side of the patient, was designed, like his former, active therapy, to resolve and finally overcome the massed resistances of the ego.

The scientific fruits of Ferenczi's ' active ' technique remain to us in his analysis of sexual habits and in its continuation, his work on tics.

The analysis of the ego in neurotics by means of a passive technique appeared to him impossible. In every case to which he had access he strove to differentiate the narcissistic from the object-libidinal cathexis. He held that one of the differences between conversion-symptoms and those of the pathoneuroses was that in the one case the cathexis was narcissistic in quality, while, in the other, it was object-libidinal. (In all these forms of neurosis the morbid element lies in the excessive cathexis and the attempt of the subject to defend himself against it by displacing it to organs which are not adapted for the reception and discharge of such quantities of libido.) In one passage he even describes *tic* as a form of hysteria with an excessive narcissistic cathexis ! But whether he was correct in postulating an ego-memory-system can be decided only by further investigation. How nearly he himself approached to the theory of narcissism is evident from the fact that Freud's own ideas were confirmed by Ferenczi's suggestion that

specially large quantities of cathectic energy accumulate in regions of the body which are painful or are in some way suffering. Ferenczi's subsequent explanation of the pathoneuroses and his hypothesis (of which I have already spoken) of a formative power attaching to organs menaced with a trauma had thus long been germinating in his mind.

The psycho-analyst of to-day who finds the theory of the libido ready-made and substantiated, if not in every point at least in many important points, can scarcely estimate the originality of the mind which so early conceived of these relations. But my thoughts go back to an evening walk with Professor Freud, whom we used to accompany as he made his way home by long détours, after our meetings. On this occasion he suggested for the first time that hypochondria was a narcissistic actual neurosis with an excessive libidinal cathexis of the organ affected. For us at that time disease of an organ was synonymous with a pathological change in it. The psyche was something entirely remote from the organ. The idea that psychic cathexis could produce disease—i.e. the identification of a mere energic cathexis with disease itself—was to me quite new, subversive and—questionable. To Ferenczi it was the logical and natural conclusion to be drawn from the notions at which he himself had already arrived.

The further development of psycho-analysis was profoundly influenced by Freud's ' Introduction to Narcissism ', a work which brought certainty and clarity into analytical research. Since its publication, the distinction between object- and ego-libido has become one of the basic concepts in our theory of the constitution and dynamics of the libido, whereas previously the distinction served merely as a criterion distinguishing a transference- from an ego-neurosis. In Ferenczi's writings the advance made is particularly evident because he deals with the same problems several times over. In his earlier works, especially in ' Introjection and Transference,' he still described the acquiring of an object as its ' introjection into the ego '. In his work on the sense of reality he already speaks of narcissism, but has not yet fully distinguished between object- and ego-libido. Later, however, he endeavoured to determine with the utmost exactness the topography of the libidinal processes as well as the provenance of the libido, to which, going further in his theoretical deduction than Freud himself, he attributed a qualitative influence. In his work on tics he states that the assumption of a ' genitalization of auto-erotisms ' leads to the same explanation as that at which he

had arrived some years previously in connection with the genesis of hysterical symptoms as ' materializations '. But in the first case *ego*-libido, in the second *object*-libido is employed : ' hysterical conversion-symptoms are expressions of the (genital) object-libido, which takes on the guise of auto-erotisms, while tics and catatonic states are auto-erotisms which have in part assumed genital qualities '. The difficulty of these distinctions is that bodily organs and, in fact, the body as a whole may become objects, whereas in the first instance they must always be regarded as pertaining to the ego. Ferenczi saw this difficulty plainly, though he never entirely overcame it. He specially notes that in hypnotic catalepsy and in catatonia the body has become something entirely alien to the ego and moreover he speaks of an ego-(bodily) memory-system. His apparently paradoxical extension of the application of a term—as, for instance, when he calls tic an ego-hysteria, and ' progressive paralysis ' a cerebral pathoneurosis—is not the mere drawing of an ingenious parallel, rather it reveals that, although the provenance of the libido differs, the morbid process is the same.

Again, the contrast between hysterical and true hypochondria derives from the provenance of the libido being different in the one case from in the other, though the process to which it is subject is the same ; or, to put it better, the accumulation of the libido, whatever its provenance, produces the same process and so the same psychic symptoms. One reason why Ferenczi was specially concerned with the source of the libidinal cathexes was that he held that cathexes which had been organized and united reverted in disease again to their source. Corresponding to the hysterical ' displacement upwards ' there occurred, he believed, a ' displacement downwards ' when the primacy of the genital was established ; in all functional disease the erotogenic zones are preferred as the site of the neurotic symptoms—a privilege which these regions of the body have acquired in virtue of the share they have taken in the past in building up the primacy of the genital. This was a line of study which Rank also pursued, but he was interested rather in the ontogenesis of these displacements. The erotogenic zones are, as it were, predestined by their libidinal constitution for the localization of symptoms, but, according to Ferenczi (who, however, merely formulates and supplements Freud's conclusions in this connection) other organs may through some idio-syncrasy in the subject's development take over the libido which has been dissociated from the genital : in other words, they become

'genitalized'. The fact that an organ can swell and redden is not merely the *reason why* it is specially adapted to take over the displaced genital libido: rather it is the *consequence* of genitalization.

This increase of the libidinal cathexis of an organ may produce very various symptoms, according as that organ is capable of discharging and relieving itself of the excess. Upon this factor depend in the first instance the phenomena of defence. Motor organs can effect materializations in hysterical symptoms, or can adopt stereotyped modes of expression or defence, as in tic and other troubles. Sensory organs, the glands, skin and mucous membranes, and especially the bodily apertures, have their specific reaction-symptoms. Where no discharge is possible, we get the narcissistic hypercathexis, either as a secondary phenomenon or in the form of a heightening of the already existing cathexis. Therewith an actual neurosis—neurasthenia or hypochondria—breaks out. As far as I know, Ferenczi did not discuss the question whether such an excess in libidinal cathexis produces real organic disease also. Probably, although he took a lively interest in Groddeck's investigations on this point, he had not, as a scientist, made up his mind about it. This kind of discharge is either harmful or else it leads to regeneration by the route of organic disease, in which case it is merely a phase of the ultimate autoplastic process.

Ferenczi very soon confirmed Reich's important observation, which was afterwards formulated as a theory by the latter, that all neurotics suffer from some disturbance of potency. Ferenczi felt the necessity for an exact psychological and metapsychological study of coitus, such as Reich was later to make on his own initiative. Ferenczi himself in his researches made constant use of the discovery that the hypercathexis with genital libido of some non-sexual function or organ indicates a disturbance of potency, often not at first noticeable. He attached due importance to the powerful effect, both local and indirect, of disturbed genital processes and, in his works on sexual habits and on war-neuroses, he gave full recognition to the psychogenic origin of disturbances in potency, but, on this as on every question, his field of vision was in no way limited by the interest of his own particular line of work. He was logical in following out his conclusions, but he was not prone to underrate the value of other causal factors and their effects. That was an error from which he was protected by his habit of exploring in every possible direction the immediate consequences of a given psychic stimulus and also the results of the defence-mechanisms which it created.

From the banal antithesis of brain and sexual organ, Ferenczi developed the important principle that in the course of evolution the function of mastering stimuli becomes centred in the primacy of the brain, just as that of governing and discharging the erotic instincts becomes centred in the genital. By the creation of these two opposite poles, the primacy of thought and that of sexuality, all the other organs are relieved of these functions and can proceed independently and with the least possible interruption with their automatic or volitional functioning. Conversely, in order that they themselves may function undisturbed, the brain and the genital require from time to time a suspension of the independent activity of the other organs. Here we have the logical and scientific working-out of the phantasy of Menenius. The whole history of the race has led up to this division of labour. This biogenetic unification of the libido is reproduced in coitus: by means of the component instincts the various organs contribute to and participate in the fore-pleasure, while the organ of thought, as the seat of the ego, enters into the genital gratification of the subject. In the subsequent relaxation the libido is once more resolved into its component parts, the concentration on the ego ceases and sleep brings release from consciousness, while the ordinary distribution of the libido is unconsciously resumed.

When the brain assumed the primacy of thought, it became the ' erotogenic zone ' of the ego-libido and acquired the capacity of producing pathoneurotic disturbances when attacked by disease. Following the line of certain observations by Hollós, Ferenczi discovered that a disturbance of this type constitutes the main symptom-complex in the clinical picture presented by progressive paralysis. It is his work on this subject which, in my estimation, testifies most strikingly to his faculty of recognizing the element of similarity in apparently quite unrelated phenomena and his power of breaking through habits of thought. Previously, we had gone only so far as to assign to the brain the pleasure derived from the functioning of thought; Freud had shown, further, that with adaptation to reality and the development of the thought-processes vast quantities of libido must have become bound, through organic repression, in the organ of thought. Hollós' observations made it plain that the content and, to a certain extent, the form of a symptom always depends on the previous history of the patient; he showed the latter's endeavours to escape, to defend himself and to achieve control, and he assumed that the morbid process liberated quantities of libido and that impoverishment in

libido occurs only when actual destruction has taken place. Ferenczi traces the stages by which the libido becomes concentrated on the various functions (or their appropriate apparatus) affected by the disease. His work on this subject was published before Freud had formulated the conception of the ' super-ego ' and for this reason he still designates as the ' ego-ideal ' that ego-nucleus which in typical cases puts up the longest resistance to the disease and endeavours to the very end to ward off the pathoneurosis. In contrast to the ' ego-ideal ' the physical ego has the least power of resistance. In progressive paralysis the first symptoms of actual neurosis to affect the bodily organs are those of *neurasthenia*, which is succeeded by the narcissistic actual neurosis, *hypochondria*. This, in its turn, passes into the first of the final stages, *euphoria ;* the subsequent *melancholia* of the paralytic is the work of mourning, as Freud uses the term, mourning for the ego itself which is perishing from the disease, not, as in other types of melancholia, for the loss of an introjected ego. The narcissistic anti-cathexis employed in the work of mourning becomes excessive and therewith the stage of *mania* is reached, the acuteness of which is in proportion to the number of functions already impaired or destroyed by the organic morbid process. The subject's further defence, which now assumes the character of insanity, is by way of various regressions and that ' sequestration ' of the ego which leads to the loss of personality in dementia. No other pathoneurosis is so grave as progressive paralysis because, when any other organs are affected, there is the possibility of anti-cathexes, compensations and checks from the pole of the primacy of thought, which may either completely prevent the occurrence of the pathoneurosis or at least may restrict its encroachments. But, when the central organ itself is affected, it becomes the helpless victim of each and every neurosis and psychosis.

From the genital pole there may arise an extremely serious form of pathoneurosis, i.e. when a traumatic loss of the sexual organs and of potency is experienced. It was in connection with a case of this sort that Ferenczi first worked out the conception of ' pathoneurosis '. Its genesis is conditioned by three factors : (*a*) the injury must be sustained by some organ which is of importance for life ; (*b*) this organ must have had a specially strong libidinal cathexis ; and (*c*) the subject must be abnormally narcissistic. These three factors in conjunction produce that hypersensibility which used to be regarded as the general disposition for disease of this character. Ferenczi also succeeded in explaining analytically two types of war-neurosis and so threw light

on traumatic neurosis in general. In the one case there was a hypercathexis of the traumatic situation and of the particular position of the organ at the moment the shock occurred ; in the other there was regression to the early infantile stage in which the motor functions have not as yet been brought under control in co-ordinated movement. Once more Ferenczi applied his fundamental notion that specific organs, exposed to the effects of a catastrophe, become excessively cathected and that the subject seeks to defend himself against this process. With the hypercathexis of the organ the genital function becomes weakened. As we have seen, Ferenczi held that the impairment of genitality, whether in hysteria or elsewhere, is based on the reversal of the normal causal sequence and begins with psychic reactions. It is as though one took a watch, whose hands were moving quite correctly by the regular action of the mainspring, and prevented or reversed the functioning of the wheel-mechanism by capriciously holding back or moving one of the hands. Normally, the organ of thought directs the cathexes, the energy contributed from the instinctual pole being thus alloplastically utilized in ego-syntonic modes of instinct-fulfilment ; in hysteria the psychic organ inhibits, by means of repression or some other defence against anxiety and traumatogenic cathexis, the functioning of the genital primacy. Quantities of libido are then returned to their pregenital sources, with the result that disturbances manifest themselves at the pole of instinct and the organs which have recovered their erotogenic cathexis can engage in autoplastic processes. As in biogenetic development (but now in the reverse direction) the symbolism here also follow the lines of the earlier ontogenetic and biogenetic vicissitudes of the libido, modified by the individual psychic constellations. The hysterical displacement from below upwards is a reversal (psychically conditioned by individual experiences) of the past onto- and biogenetic migration of quantities of libido from above downwards. To the mental symbol there corresponds an actual process in the cathexes of the different functions. The fact that typical processes are subject to modification by the psyche explains, on the one hand, the recurrence of particular symptoms in hysteria and, on the other, the highly individual variations in their use and significance. The countenance of the sphinx hysteria is indeed enigmatic but by no means rigid.

Apart from his investigation of neurotic disturbances in genitality, when once established, Ferenczi devoted special study to the pregenitally conditioned disturbances of the genital sexual life—a line of

investigation independently pursued by Reich. When, by means of ' amphimixis ', the genital primacy is established, disturbing inhibitions and exaggerations of the earlier component instincts are carried over to the genital. To resolve these, the pregenital phases must be reactivated. This was the purpose of Ferenczi's active therapy. Frustration in the widest sense, namely, that of the suppression of accustomed modes of gratification, leads to the damming of libido and the dissociation of instinctual-dynamic processes hitherto associated, to psychic defence-reactions, above all to impotence. The motive for this breaking-up of existing sexual habits is that it gives rise to pain. Wherever earlier cathectic conditions are restored, whether by means of neurotic mechanisms or of psycho-analytical technique, there occurs a general regression, manifesting itself partly in ego-characteristics and partly in an increase in the whole plasticity and in the substitution of autoplastic for alloplastic processes.

In his original work Ferenczi embraced all the biological and psychological problems of psycho-analysis ; in addition, he often dealt directly with questions of cultural evolution and more often still he stimulated other workers in this field. Some of his most valuable observations have not as yet been fully utilized. Others will long exercise an influence on psycho-analytical thought and will call forth fruitful criticism. His short communications, the psycho-analytical results of his daily work, not only provide instructive examples of the way in which the known basic facts of our science may be applied in practice ; the theoretical conclusions he draws are always accurate, and invariably he has something of importance to say which often opens up further vistas of thought. The reader will always learn something new from him. This is because, in his own work, he was so swift to attack fresh problems and took a perennial delight in learning.

The scope of his work was wide, including medical practice, training, the presidency of the Hungarian Society, propaganda and co-operation in the duties of the International Psycho-Analytical Association. As a physician, a teacher and a leader he rendered magnificent service. He realized from the outset that psycho-analysis must be extended beyond the limits of medical work, and that not merely as a theory but as a practical therapeutic technique. During his stay in America, he sacrificed to this firm conviction the popularity beckoning to him on every side, and he publicly advocated the psycho-analytical discipline of teachers and those interested in the education

and care of children. On his return he declined the presidency of the International Psycho-Analytical Association, because he felt that any ill-feeling that his attitude might have engendered should be given time to die down. This outward lack of success was, however, the greatest triumph of his personality, for most men do not find it so easy to ' dissipate ' [2] popularity once it is won.

The influence of Ferenczi's personality was very great. Bearing in mind Freud's three libidinal types, we may say that a man's original productions express his narcissism, the performance of his work expresses his sense of duty, i.e. the pressure of his super-ego, while the influence he exercises over others has its source in Eros. The blending of all three types produces the normal man. Such a man was Ferenczi. There was nothing ordinary in him; the source of his normality lay in a fusing of daily work, creative production and effective relations with others, all of an exceptionally high order. These three elements were intermingled, and always there was an undercurrent of joyousness: from his daily labours there sprang the creative work, which was such a source of happiness to him, and in this originality lay the secret of his influence. No one could resist it, not Professor Freud, who was bound to him by friendship, hardly one of his colleagues, not one of the younger workers. He rejoiced in belonging to the psycho-analytical movement and the very delight he took in it lent support to the carefully reasoned arguments by which he defended it. His paper at the First Congress, held at Salzburg, was on the subject of ' Education and Psycho-Analysis ', and his last, at the Wiesbaden Congress, concerned a method of technique of which the guiding rule was friendliness, a method which characterizes many educationists. In his last years Ferenczi taught that we should deal gently with the child in the adult neurotic: we are reminded of a warrior who, after hard fighting, seeks repose in more peaceable activities. This phase of his life has been untimely ended by death.

He and I once agreed that our happiness in being alive dated from the time when psycho-analysis showed us the path by which we could advance in our search to know something of man's evolution—a path which we believed to be the right one and at the end of which, from afar off, we could discern as a goal the understanding of human nature and of the meaning of existence. We had both listened to the words of Machs, when he said that the scientist must be strong enough to

[2] I use a word of Friedrich Adler's: ' *Konsumieren* '.

live his life and do his work unsupported by any philosophy. Recognizing this bitter truth, Ferenczi did his utmost to contribute to the great work which will bring us (may it indeed do so !) out of the vortex in which we live to-day to a knowledge of ourselves and to a truly scientific philosophy of life.

# THE RELATION OF PERVERSION-FORMATION TO THE DEVELOPMENT OF REALITY-SENSE [1]

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The terms 'reality', 'reality-sense' and 'reality-testing' are frequently used in psycho-analytic literature, but very seldom defined. As a rule there is no serious objection to this practice, but where the terms are themselves the subject matter of investigation, some preliminary definition seems unavoidable. There is, of course, some risk of begging the question by a too rigid statement: nevertheless, I propose on this occasion to adopt the less usual course of provisionally defining these terms before submitting them to investigation.

*Thus* (1) *Reality-sense is a faculty the existence of which we infer by examing the processes of reality-testing.*

(2) *Efficient reality-testing, for any subject who has passed the age of puberty, is the capacity to retain psychic contact with the objects that promote gratification of instinct, including here both modified and residual infantile impulse.*

(3) *Objectivity is the capacity to assess correctly the relation of instinctual impulse to instinctual object, whether or not the aims of the impulse are, can be or will be gratified.*

* * *

The nature of reality-sense has so far been investigated from three different points of view. The first of these can be studied in Ferenczi's classical paper on the subject (1). Ferenczi's paper was based on inferences drawn from (*a*) a *behaviouristic* study of infants, and (*b*) knowledge of mental mechanisms observed during the analysis of adults. The conclusions he arrived at are too familiar to require recapitulation, but is it to be noted that from the systematic point of view his presentation was incomplete in the following respects. With the exception of the 'stage of unconditioned omnipotence', which he related to the 'oral' phase of development, no precise indication was given of the nature or complexity of the *wish* systems involved. Again, he described a series of *relations* (mostly reactions), to the object-world, but gave no corresponding description of the *nature* of the instinctual

[1] Expanded from a paper delivered before the Twelfth International Psycho-Analytical Congress, Wiesbaden, September 7, 1932.

*objects* concerned. This omission was partly rectified later by Abraham, who described a developmental series of libidinal objects including a number of part-objects. Since then no systematic correlation has been attempted.

From the point of view of the present investigation it is interesting to note that Ferenczi endeavoured to correlate his stages in reality-sense with adult psycho-pathological phenomena. In particular he associated certain obsessional manifestations with ' magical phases ' of ego-development. The theoretical importance of this correlation was quite considerable. It implied a marked disparity between the ego-regression and the libidinal regression in obsessional neuroses. In other words, the ego of the obsessional neurotic reacted as in the very earliest stages of ego-development, while, according to then accepted views, the libidinal fixation of the obsessional neurotic was of a much later (anal-sadistic) type. Moreover, obsessional neuroses were then held to be of comparatively late onset. If the order of reality stages suggested by Ferenczi was accurate, then strictly speaking one ought to have found obsessional neuroses during early childhood. Recently Melanie Klein's views as to the appearance of obsessional characteristics and sometimes of typical obsessional neuroses during early childhood—views which I have been able to confirm not only in several adult cases but during the diagnostic anamnesis of many children—have gone far to confirm Ferenczi's conclusions as to the depth of ego regression Indeed had we paid more attention to his early correlation we might have anticipated these discoveries by several years. Even so the difficulty is by no means overcome because the phase of magical reaction which Ferenczi describes as corresponding to obsessional technique must also exist in the oral and first anal stages when so far as I know obsessional reactions are seldom observed. Ferenczi himself was evidently aware of the discrepancy because he suggested that the obsessional case makes a *part-regression* to this early ego-phase. I do not regard this view as very plausible. I have never been able to observe any case of striking ego regression which did not activate unconsciously the libidinal system appropriate to the phase of ego development.[2]

[2] I have omitted a later paper (2) by Ferenczi in which he emphasizes the importance of ambivalence and of defusion of instinct in bringing about the acceptance of concrete ideas. He suggests also the need for a refusion of instinct to bring about objectivity. Apart from a reference to the oral stage, he does not give any sequence of events of a clinical order.

The second line of investigation is that associated with the name of Federn (3). By means of a careful analysis of subjective as well as reported introspections, in particular, various degrees of depersonalisation, alienation, etc., he has endeavoured to delimit narcissistic ego boundaries. From this we can to some extent deduce the order of object-recognition and assessment. For example, he regards variation of corporeal ego-feeling as an ascertainable symptom of ego regression, and he attempts some correlation of ego boundaries in transference neuroses, psychoses and dreams. More detailed study of these ego boundaries and regressions would certainly help us to arrive at some idea of the reality systems in vogue at different phases of development The main difficulty appears to be the somewhat rigid concept of narcissism generally accepted by psycho-analysts. This term really begs the question of ego-object boundaries.

The third and most recent approach is that made under the stimulus of Melanie Klein's (4) work on child analysis. Here again we have to deal with inferences, but with inferences drawn from the *actual analysis of children just emerging from infancy*. Consequently we have the first detailed attempt to describe in concrete terms the stages by which a stable relation to reality is attained, the mental content characteristic of these stages, and the relation of these stages to psychotic and neurotic formations. She emphasizes (*a*) the importance of early mechanisms of introjection and projection, (*b*) the importance of anxiety as an instigator of defence, (*c*) the importance of sadistic impulses in instigating anxiety, and (*d*) the gradual expansion of reality-sense and of a capacity for objectivity as the result of conflict between an arbitrary Id and an almost equally unrealistic super-ego.

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Taking this and other recent work (5) into account, it becomes clear that stages in the development of reality-sense should not be considered solely in terms of *impulse* or *object*, but should be related to *stages in the mastery of anxiety*, in which the rôle of libidinal and destructive impulse is alternating. In the long run, of course, the definition of reality-testing must be in the simplest terms of instincts and their objects. And I have already formulated such a definition. But the *demarcation of stages* cannot be achieved without an accurate understanding of the earliest phantasy systems and of the mechanisms for dealing with the anxieties these systems arouse. From the adult point of view the ' reality ' systems of infants and children are clearly phantastic, and this in turn is a necessary consequence of the type of

mental mechanism predominating during these infantile stages, e.g. introjection, projection, etc.

Secondly, whatever the analysis of children may establish concerning the mental content from which we can infer stages in development of reality-sense, *this must have an intelligible relation to the order of perceptual experience of the external world.* And this involves not only a greater number of child analyses but *an entirely new behaviouristic study of infancy.* In particular, a more detailed investigation is needed of the nature, order and ' scatter ' of early anxiety formations. And by this term I do not mean those commonly described ' primary infantile phobias ' (i.e. fear of the dark, of strangers, or of being alone), to which, owing no doubt to our preoccupation with the antecedents of castration anxiety, our attention hitherto has been rather exclusively directed. Above all, the *minor* phobias require systematization. These are signalized not so much by glaring anxiety reactions, but by less obtrusive manœuvres, e.g. transitory immobilization, turning away attention, sudden drowsiness, decreased play-activity, or on the other hand by concentration of attention combined with slight restlessness, increased play and so forth. As I have suggested, the earliest displacements of interest from immediate instinctual objects are stimulated by anxiety of whatever sort. Moreover these displacements are governed by symbolism, a process which is in part responsible for their apparently illogical order. Nevertheless there is every reason to believe that the frequency and order of presentation of external perceptions plays a part in the *focussing* of infantile anxieties as it does in the formation of adult phobias. The more an adult phobia is attached to ' unusual ' objects or situations the more successful it is : e.g. it is more advantageous to suffer from a tiger-phobia in London than in an Indian jungle. What we already know of infantile instinct would lead us to suppose that, symbolic factors apart, the child's interest should radiate out from its own body (in particular oral, glottal, gastric and respiratory zones, in other words, inner things) to food, food organs and appurtenances ; from skin (and in particular zonal promontories and invaginations) to its own clothes and the clothes of external objects ; from excretory zones, organs and content (again almost exclusively inner things) to excretory paraphernalia and the excretory areas of external objects, ultimately to non-excretory contacts, smells, colours, noises and tastes ; from body and clothes in general to cot, bed, room, furniture, curtains, hangings, shadows : from the presence or anchorage of ' instinctual ' objects to intermittent absence, disappearance or

detachability of certain ' concrete objects '. Thus experience of the presence or absence of the nipple (breast, body, mother), establishes a criterion of interest in all moving or movable objects coming within sensory range of the child in its cot (clothes, toys, flies, etc.). And not only concrete objects but moving shadows on the wall, beams of sunlight, recurrent noises and smells. In this sense perceptual experiences are classified by instinctual experiences, but the factor of recurrence (familiarity) cannot be ignored. Sporadic stimuli may be, doubtless are, ignored unless their intensity is such as to provoke anxiety. But recurring impressions provide the earliest avenues of displacement. In other words, we may infer that stages in the sense of reality will combine an instinctual order, an apparently illogical but actually symbolic order with a natural perceptual order. The apparently illogical order of infantile interest and interest is, however, not due solely to the fact that repression has converted a primary interest or displacement of interest into a symbolism. All-important as symbolism is, we must not neglect the ignorance, blindness, lack of *Einfühlung* and unconscious anxiety of the behaviouristic observer, as the result of which an *adult* order of perceptual interest is imposed on the natural order of the child, and is erroneously regarded as normal for the child.[3]

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[3] This interest in a new behaviouristic study is not based solely on the need for additional clinical data. It would prepare the ground for a fresh discussion of the old controversy regarding endopsychic and external factors in development or in illness. Modern tendencies in psychoanalysis have swung away from theories of traumatic environmental experiences and it would appear that the recent contributions of child analysts reinforce these conclusions very strongly. In a sense that is true: ideas of traumatic genito-sexual experiences in childhood have been so re-cast that they are now regarded as on occasion exercising a favourable influence on development (Klein) (4). But their place has been taken by others. The significance of enema experiences as representing a violent attack by the real mother on the actual body of the child has now been more adequately valued. But investigation cannot stop here. To the infant with reinforced respiratory erotism and sadism, violent expulsion of breath is a sadistic attack (6). Hence it follows that when its parents or nurses cough or sneeze they are attacking or seducing the child. When the child envelops its enemies with destructive darkness by the simple expedient of shutting its eyes, it is only natural that the drawing of nursery curtains by the mother should be regarded as a counter attack. There is

But pending more precise analytic and behaviouristic investigations of children, we may with advantage review the possibilities of *adult* research. It has to be admitted that our interest in adult psychopathology has been too specialized and circumscribed. We have been so exclusively concerned with the etiology of individual neuroses and psychoses that the relations of these to other social or sexual abnormalities have been by comparison neglected. It is not difficult to imagine that pathological data could be so arranged as to give a distorted reflection of normal development. But this involves a more detailed and systematic classification than has hitherto been attempted. Some time ago I endeavoured to outline such a classification (7). By including a number of characterological abnormalities it was possible to arrange parallel developmental series in accordance with the predominance respectively of primitive introjection and primitive projection mechanisms. It was also possible to narrow the gulf between the psychoses and the neuroses by the interpolation, not of ' borderline psychoses ' but of ' transitional states ' such as drug addiction. Thus I would place the average drug addiction as transitional between the paranoias and obsessional character formations, the reason being that in drug addictions the projection mechanisms are more localized and disguised than in the paranoias, yet stronger than in obsessional disorders. In drug addictions the projection mechanisms are focussed (localized) on the noxious drugs: in obsessional states the need for projection is lessened by the existence of restitutive reaction-formations.

But although these correlations were of necessity rather sketchy, one point emerged from a study of transitional formations, such as drug addiction (8). It became clear that by localizing his paranoid systems on the noxious drug, the drug addict is able *to preserve his reality-sense from gross psychotic disturbance.* Owing to the fact that we have as yet no adequate terminology for describing reality stages, it is difficult to express this more precisely. Borrowing, however, the over-simple and one-sided terminology of libidinal primacies, we can state the position as follows: whereas the paranoiac regresses to an

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no difficulty in observing that infants do react with fear to such current events. And the same argument can be applied to primal scene hypotheses. If the parents can be thought of as copulating with their breath, the conversation of parents may under certain circumstances be the primal scene. In short, we have not yet solved the problem of endopsychic and external stimuli. We have merely laid ourselves under the obligation to investigate it at an earlier level and in more primitive terms.

*oral-anal reality system*, the drug addict regresses to the point where the infant is *emerging* from this oral-anal reality system. In other words, up to this point the external world has represented a combination of a butcher's shop, a public lavatory under shell-fire, and a post-mortem room. And the drug addict converts this into a more reassuring and fascinating chemist's shop, in which, however, the poison cupboard is left unlocked. Having to this extent reduced the paranoid dangers of the immediate world the infant (or addict) gains breathing space in which to look out of the window (assess objective reality).

It was this observation that first directed my attention to *the possibility of reconstructing the development of reality-sense from adult psycho-pathological data alone.*

In the first place it was obvious that even amongst drug addictions there was an apparent order of complexity, which together with prognostic differences suggested a definite order of regression. If then there was a definite order of regression within the addiction group, presumably the stages in development of reality-sense corresponding to addictions were equally complicated. There can be no doubt about the structural differences in drug habits. Not only are there addictions of a melancholic as well as of a paranoid type, but it is clear from examination of the phantasy material that the different component instincts are responsible for some of the clinical variations. Here was an awkward obstacle to surmount : for we have been accustomed to regard the infantile component instincts as innate tendencies having no particular order of priority and leading an autonomous existence within the boundaries of primitive narcissism. There seemed no alternative but to consider the possibility of a natural order amongst the component impulses similar to, possibly bound up with, the order of primacy of erotogenic zones.

Study of drug addictions brought out another problem in classification which has also some bearing on the development of reality-sense, viz. : the significance of perversion formations and fetichistic phenomena so commonly accompanying drug habits. Biassed no doubt by Freud's pronouncements on the subject, in particular his view that the neurosis is the negative of the perversion, I had already had difficulty in ' placing ' the perversions in a systematic classification of psycho-pathological states. I was inclined at first to arrange the psychoses and neuroses in a single developmental series, and then to interpolate the perversions at different points in the main sequence.

Thus starting with the psychoses, I took drug addictions as a transitional type, introduced thereafter the more primitive polymorphous perversions, continued with the obsessional neuroses, introduced here the fetiches and homosexual perversions, and ended with the hysterias, sexual inhibitions, social inhibitions and social anxieties. But there were many reasons why this order could not be maintained. In particular, experience of the analysis of homosexual perversions, obsessional neuroses and psychotic states showed both direct and indirect evidence of a much more complicated regressional or developmental order. It can frequently be observed that during psychotic crises occurring in some analyses patients develop *transitory* perversion formations of a standard type. During the analysis of a schizoid state to the superficial layers of which was attached an active homosexual perversion, one of my patients was subjected to a severe heterosexual love trauma. The immediate result was not only a strengthening of schizophrenic features, but a regression of the active homosexual formation first of all to a passive phase and then to a polymorphous excretory ceremonial with both active and passive components, but without any tactile experience. The obvious feature in this regression was the weakening of true object relations in favour of part object relations. In the excretory ceremonial the ' complete object ' was never seen, much less touched. Less obvious at first was the fact that these ceremonials acted as a protection against anxieties liable to induce schizophrenic systems. In other words, *they assisted in maintaining the patient's reality-sense to some degree.* The perversion ceremonials were not constant : they *alternated* with phases of schizophrenic depression. Between ceremonials he became markedly schizophrenic : his reality-sense suffered extreme diminution.

Some additional details may illustrate this point more clearly. The patient's heterosexual advances included some playful strangling gestures : his standardized form of homosexual interest concentrated mainly on the buttock area and included a very high degree of idealization particularly of the anal ring.[4] The sudden regression involved visiting a lavatory (especially after having had a lonely meal)

[4] I have been greatly impressed by the combined re-assurance and screening function of idealization in this and many other cases. It seems to me to be much less than we have thought, a simple derivative of aim-inhibited impulse exaggerated for purposes of defence. The most urgent forms of idealization (mostly in symbolic form) occur in psychotic types ; schizoid, and cyclothymic.

and there carrying out with mixed feelings of anxiety and guilt, yet with fascination and great temporary reassurance a complicated series of active and passive anal exposures through a hole in the partition. Contact was strictly limited to the passing of suggestive notes of invitation through the spyhole; the person in question was never recognized. Moreover the slightest suspicion of aggression broke the spell. For example, to pass pieces of stained or wet toilet paper through the hole or over the partition induced an immediate and terrified flight reaction. This cubicle ceremonial followed a brief phase in which urinary exposures were practised. The urinary ritual was abandoned because of the degree of contact with recognizable objects and the presence of a number of other neutral (potentially suspicious) onlookers in public lavatories.

These are not in themselves uncommon forms of ritual: their special interest lies in the fact that the ceremonial functioned as a regression to a previously unfamiliar or unknown technique. In other cases the more primitive form of ritual is already apparent or practised in a modified way as part of a more advanced homosexual relation with complete objects, but becomes accentuated by regression. One patient divided his homosexual relations into a friendly group with or without genito-anal connection and an extremely erotic group characterized by violent hostile feeling and violent erotic action towards the object *who was thought of simply as one or more organs held together by an indifferent mass of connective tissue—the body*. When the regression occurred the more advanced homosexual relations disappeared for the time being, and gave place to a complete lavatory ceremonial. In this case also the spyhole system reduced the object's body to the dimensions of a part object. Should a hat or other part of the ordinary external clothing be seen, the spell was immediately broken. This was obviously determined by the symbolism of the clothes, but the patient's rationalization was interesting, viz.: that it was ' too much like a real person '. These cubicle systems bear some resemblance to certain types of masturbation, for example, where the subject visits an archæological museum and has orgasm without erection on contemplating fragments of statuary, the torso, head or hands. In other melancholic and schizoid cases I have frequently noted that relief of depression with corresponding increase of reality-sense was preceded by an uprush of primitive sado-masochistic phantasy. Frequently attempts are made by such patients to sidetrack their phantasies into adult genito-sexual relations. But as a rule the attempts fail or are

unsatisfactory, in which case there is a notable drive towards perversion-formation. This may take an alloerotic or autoerotic form. As an example of the latter I would cite a depressed case who passed through a transitory phase of going to a lavatory where she stripped, defæcated and urinated into the hand basin and played with the substances with a mixed feeling of anxiety and adoration. During this phase the actual depression disappeared. In short, although I have long held that the ordinary systematized homosexual relations constitute a defensive and restitutive system protecting against earlier anxieties as well as against later purely genito-sexual anxieties, I believe that in most cases the link is not direct, that there is a deeper system of perversion (repressed and therefore not featuring directly as a perversion), which corresponds more accurately with the original anxiety system. And this I believe must be uncovered before adequate contact can be made with the repressed anxiety system. From the therapeutic point of view I believe however that this tendency to regression in perversion-formation should not exceed a transitory formation, and if possible should be short circuited by interpretation of repressed perversion phantasies.

Even more curious is the stabilisation of reality relations which can be effected by transitory fetichistic interests. I have previously reported a case (8) in which an obsessional neurotic passed through a phase of drug addiction, the termination of which was signalized by a transitory paranoid regression. During the recovery from the paranoid phase, a temporary fetich-formation was observed. This evidently functioned as a substitute for the paranoid reaction to reality. Having localized the anxiety on a neutral yet symbolic set of body organs (legs), and having counteracted it by a process of libidinization (fetich-formation), the patient was able to recover reality relations.

Taking these facts into consideration, the problem of relating perversions to psychoses, neuroses and other social and sexual abnormalities is to some extent simplified. *It appears likely not only that perversions show an orderly series of differentiations as regards both aim and completeness of object, but that this developmental order runs parallel to the developmental order of psychoses, transitional states, neuroses and social inhibitions.* This obviates the necessity of *interpolating* perversions in any classificatory series of psychoses and neuroses. It is merely necessary to recognize or discover the elements of *a parallel series.* Following these ideas further it would appear plausible that waves of libidinization and true symptom formation are both exag-

gerations of normal modes of overcoming anxiety, having moreover a compensatory or protective interconnection or alternation. The main problem could then be formulated thus: Do perversions form a developmental series reflecting stages of overcoming anxiety of the individual's own body or of external objects by excessive libidinization? And as a corollary do they not only help to preserve reality sense in other departments of the psyche but *indicate the order in which reality sense develops?*

The arguments in favour of attempted reassurance by excessive libidinization are not very seriously in dispute (see, for example, Freud's (9) remarks on the etiological relation of hate to homosexuality). The arguments against a developmental series are mainly (*a*) the 'polymorphous' conception of infantile sexuality, (*b*) the generalization that the neurosis is the negative of the perversion. As regards the first point I have already indicated that the term 'polymorphous' although accurate enough in a general descriptive sense and by comparison with genital impulse is too vague for present-day purposes. We are already more fully informed as to the orderly development of infantile impulse during the first years, and as research on children becomes more precise, the term will become superfluous. As for the second point: this generalization, viz. that the neurosis is the negative of the perversion, is still profoundly true but in a strictly limited sense. It is completely accurate for those perversions and fetiches which run parallel to their appropriate neuroses, e.g. a glove fetich and an antiseptic handwashing mania. But we must now add that certain perversions are the negative of certain psychotic formations and certain others the negative of transitional psychoses. Indeed, following Ferenczi (10) and considering the mixed clinical pictures of psychosis, perversion and neurosis one so frequently observes, it is worth inquiring whether a perversion is not in many cases a *symptomatic formation in obverse* or the sequela or antecedent of a symptom as the case may be—a prophylactic or a curative device?

A further difficulty lies in the earlier pronouncement of Freud (11) that perversions are not formed directly from component impulses, but that the components in question must first have been refracted through an œdipus phase. So long as this pronouncement referred to a stereotyped œdipus phase occurring between three to five years of age, it practically paralysed etiological differentiation, as witness Fenichel's textbook (12), in which the etiology of perversions is somewhat monotonously described in terms of castration anxiety. But

since Freud (13) has sanctioned a broader use of the term ' œdipus ', we are quite free to consider a chronological element in perversion-formation. Even so, the idea of layering in perversion-formation has always been hinted at. Sachs (14) advanced this view on the grounds that repression was a serial process. Rank (15) too considered that the perversion group had different layers of evolution relating to corresponding psychic systems or localities, but he narrowed his generalization by stating that the pervert remains fixated to the stage before the wish for a child, suggesting that the pervert's inhibition is directed specifically against ' generative libido '. Both writers regard the determining factor as libidinal, and the accompanying anxiety as castration anxiety. The only serious objection to classifying perversions has been made by Fenichel. He does not believe that it is practicable to produce a classification corresponding to that of the neuroses, i.e. in accordance with the depth of regression and the nature of object relations. This, he says, is due to the absence in perversions of the element of *distortion* which characterized neuroses and renders them amenable to classification. Another reason for his objection has already been hinted at above. If one studies the sections in his book devoted to etiology, one discovers that no matter what the nature of the perversion, the etiological formula suggested by the author never alters. He invariably relates perversion-formation to castration anxiety associated with the classical œdipus situation. Clinically speaking, this is an unsatisfactory state of affairs. I would suggest that difficulties in classification are due rather to the incomplete nature of our researches. In any case clinical differences in perversions are quite as striking as differences in neurotic distortion.

Now it appears to me that Rank was nearer to the solution of the problem when he said that sadism, in so far as it excluded guilt, was the true type of perversion. I would suggest that in the history of sadism or rather the aggressive and destructive impulses we have a sounder guide to the etiology and order of perversion-formation. Libidinal history, it is true, gives the positive and manifest content of the formation. But apart from this the main function of the libidinal contribution is a protective one. Sachs himself pointed out the relation of perversions to phobia formations : but he did not apply this view logically to the whole of infantile history. He restricted himself to castration phobias, neglecting thereby the more primitive infantile phobias. The importance of the study of perversions in relation to reality-sense is that perversions represent periodic attempts

to protect against current introjection and projection anxieties by a process of excessive libidinization. In some cases the libidinization is directed towards those parts of the body (either of subject or of object) which are threatened in the unconscious phantasy system: in others the mechanism of displacement introduces an additional element of defence and disguise. In others again it is the mode of gratification that is libidinized rather than the objects believed to be in danger in the phantasy. In all cases, however, there is some degree of interference with adult genito-sexual function. In other words, perversions assist in preserving the amount of reality-sense already achieved by what in the long run represents a sacrifice of freedom in adult libidinal function, whereas the neuroses often allow a degree of freedom of adult libidinal function at the cost of some inhibition of reality relations, and the psychoses frequently show an apparent freedom of adult libidinal function accompanied by gross disturbances of reality-sense.

* * *

To sum up: if we apply the findings of Melanie Klein regarding the early history of infantile sadism and bear in mind what psychoanalysis in general has taught us concerning the mastery of sadism by introjection, projection and other unconscious mechanisms, we are justified in postulating a constantly changing (developmental) series of anxiety situations which, should they become overcharged, give rise to a phase either of symptom-formation or of perversion-formation. This generalization can then be turned to advantage in the study of reality-sense and its development. As Klein has pointed out, stable reality relations cannot be established so long as primitive anxieties have not been mastered. This is all the more true of the faculty of objectivity. In other words, reality-sense depends upon the *emancipation* of systems of bodily and environmental perception from excessive interference through projection and introjection mechanisms. And this emancipation occurs in a definite order which I suggest provisionally to be corporeal zones or organs, food, clothes and ejecta, whether belonging to the self or to instinctual objects.

The course of events can be described somewhat as follows: As a result of alternating processes of projection and introjection, brought about by frustration of instinct, the child's relation to what the adult observer would call objective reality, becomes distorted and unreal. Nevertheless the child during this phase has some primitive objective reality of its own. In the first place it has psychic contact not only with objects catering for crude self-preservative instincts, but with

objects actually threatening self-preservation (real external dangers, injury and aggression): secondly, it has contact with that part of reality which does gratify some love needs. This small enclave of infantile objective reality is swamped by the distorted products of fear. One of the primitive cures for this distortion is the process of libidinization. Libidinization cancels or holds in suspense some of the unreal fear systems and it does so by neutralizing sadism. This process is soon reinforced by some form of repression. The result is that the original nucleus of infantile reality can be *extricated* from the mass of unreal reactions. This libidinizing system is never really abandoned, although its most dramatic effects are to be observed just before repression becomes really massive. Adult objective reality is a bye-product of this process. Once rescued, infantile objective reality expands through the auxiliary devices of displacement and sublimation to the limits of adult necessity or interest. Only when sadism is adequately neutralized can sublimation proceed and, following the track of symbolism, add to our reality contacts. Adult objective reality, self-preservation apart, is not so much something we come to recognize, as an inheritance from infancy, something we *maintain possession of* and expand after it has passed through screens of fear, libidinization and sublimation. In some respects indeed it is a residue, a view which is in keeping with the fact that in many ways adults are less objective than children. This expanded inheritance or residue functions to a large extent as a guarantee of the absence of fear. It is manifestly limited in accordance with the range of individual interest plus the range of interest of individuals we either love or hate.

When, for whatever cause, some form of infantile anxiety is re-animated or exacerbated in adult life, one of many ways of dealing with this crisis is the reinforcement of primitive libidinization systems. *This gives rise to what we call a perversion.* I agree with Miss Searl (5) that sublimation can be successful only provided reality is not too highly libidinized, which means in turn, provided the problem of sadism has been solved. Nevertheless this does not contradict the view that a *localized* excessive libidinization (i.e. a perversion) may, by sacrificing *some* relations to reality, *some* sublimations and *some* adult genital function, preserve a reality relation over a wider area. Perversions help to patch over flaws in the development of reality-sense. For this reason the more primitive perversions are in some respects more compulsive than advanced homosexual perversions. They are more appropriate cures for old anxieties. The drawback of primitive

perversions is that they are nearer to the source of anxiety, i.e. *too* appropriate. Ordinary homosexuality reassures mainly in respect of *complete objects, not of primitive part objects.* The apparent gradual increase in the capacity of libido to reassure is to my mind more apparent than real. Or perhaps it would be more accurate to say a concern with real love objects, though undoubtedly a great source of reassurance is a less appropriate cure for primitive anxieties than is a primitive love of part objects. Here we have a theoretical justification for the view put forward by Melanie Klein (4) that under favourable circumstances infantile sexual experiences may promote reality development. But we must accept also the conclusion that such experiences, whether of active or passive nature, accidental or sought-after, promote reality development only in so far as they function as infantile perversions.

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I have indicated the lines along which adult psycho-pathological material may be investigated in order to discover the stages of development of reality-sense. Apart from this particular interest I believe the attempt is worth making if only to reduce existing confusions regarding the classification of mental disorders. It remains to indicate what are the most profitable lines of research and what are the most serious obstacles to progress. As regards immediate lines of approach, I am to some extent biassed by the accidental circumstance that my own material came within the group of transitional states, perversions and obsessional neuroses. And although I am bound to agree that analytical study of, for example, the stereotypies of schizophrenia, to say nothing of so-called hysterical phobias, will prove invaluable in this connection, I am inclined to believe that a better sense of perspective will be obtained by starting at the point where transitional psychoses, perversions and obsessional neuroses meet. Indeed I have the impression that one of the most profitable approaches to the study of reality-sense lies in the study of fetichism, including here narcissistic fetiches in which parts of the patient's own body or clothes provide sexual gratification. There is in fetichism a degree of localization of interest and stereotyping of displacement which promises to give more exact information of early anxiety systems than does the average ramifying perversion. Freud (16) himself has pointed out that the denial of anxiety effected by fetichism is similar to the psychotic denial of reality. And Lorand (17) has commented on the rapid intellectual development exhibited in one of his cases.

I have used the term narcissistic fetich with reluctance. On the one hand I believe that what we call ' erotic narcissism ' is a compound of true autoerotic activities and concealed alloerotic relations with part objects. Again the term masturbation is notoriously unsatisfactory. And the same applies to descriptive terms such as transvestitism. Many of the phenomena I have observed would be regarded descriptively as half-way between transvestitism and masturbation. Yet I hold they are fetichistic in principle, just as many other of the so-called spontaneous sexual activities of childhood are already—in principle—perversions.

Compare, for example, the following two systems observed in one case. The individual in question had a simple piano fetich, that is to say, contact with a piano of a certain type (i.e. with a new and shiny case) induced sexual excitement and orgasm, with or without manual manipulation. Thereafter the same piano gradually lost its stimulating effect. A scratched or faded or worm-eaten piano case was tabu. On the other hand, whenever the patient put on new articles of clothing, in particular when he purchased a new suit, he developed an erection lasting twelve hours at least, and ending sometimes in orgasm. During this period he was in a state of extreme happiness. Another case combined a motor car fetich, which lost effect as soon as the car was splashed with mud or the upholstery spotted with grease, with masturbatory excitement over his own shoes when they were new and so long as the original shine was preserved intact. In both these cases the apparently autoerotic manifestation corresponded closely to the object-system.

The examples I have given may serve to illustrate one of the many obstacles to research on this subject : viz. : the fact that terms such as ' narcissism ', ' auto-erotism ', ' component impulse ', ' polymorphous perverse ', etc., have to some extent outworn their usefulness. They must in time be substituted by terms derived from the study of introjection phenomena. We ought to be able to say exactly what stage in the introjection of part-objects is concealed by any one form of auto-erotism.

A second difficulty is also brought out by the study of fetichism, viz. : the fact that obsessional neuroses are inadequately subdivided or classified. I have already described an obsessional case in which a transitory fetich interest helped to promote convalescence from a paranoid phase. And I have frequently observed that cases of drug addiction develop (during abstinence) transitory obsessional symptoms

rather localized in action. So much so that I have described some of these obsessional reactions as 'negative fetichistic phenomena'. Many localized contamination phobias with or without washing-manias are of this type, and can be observed to alternate with erotic interest in the same parts of the body.

Referring in an earlier paper to the etiology of fetichism I wrote (8): 'perhaps two rough formulations are permissible: (1) that in the transition between paranoidal systems and a normal reaction to reality drug-addiction (and later on fetichism) represent not only continuations of the anxiety system within a contracted range, but the beginnings of an expanding reassurance system. The reassurance is due to contributions from later libidinal stages in infancy which contain a decreasing amount of sadism. (2) That clothing in general is, after food, the next line of defence in overcoming paranoidal reactions to reality. It appears reasonable to suppose that the first paranoid systems of the child attach themselves to food, that these anxieties are modified not only by the appearance of less sadistic impulse but by a determined effort at displacement of anxiety. In this displacement clothes play their part. When subsequently displacement leads to reactions to the clothes of external objects, the foundation of the classical fetich is laid. So that when anxiety is excessive the result is either a typical sexual fetich or the negative form, viz.: a contamination phobia'.

Finally, study of the etiology of fetichism brings out what is perhaps one of the most important immediate obstacles to the understanding of reality development, viz.: the lack of systematized information as to the exact nature of the oral phase of development. The first etiological formulations concerning fetichism singled out phallic, scoptophilic and sadistic factors: later the importance of the imagined phallus of the mother was increasingly emphasized. Still more recently the significance of other elements has been stressed. Freud had himself remarked that the fetich chosen may not necessarily be a common penis symbol, and we now know from the work of Ella Sharpe (18) and others that this is due to the contribution of pregenital elements, e.g. oral sadism. This new orientation follows closely on and is in keeping with Melanie Klein's expansion of the second oral stage to include a genuine phallic Œdipus interest. But the more universal such factors are found to be, the less helpful they are in etiological differentiation. Without making one single analytical observation one might safely assume from behaviouristic data that the first phase

of infantile development must be predominantly oral. Even the existence of a phallic interest during the oral phase might well have been inferred without analysis. The more analysis confirms the importance of these early phallic interests the more urgent it becomes to sub-divide the oral stages and to consider the part played during what we now call the first oral stage by other important erotogenic zones and by component impulses, in particular respiratory, gastric, muscle, anal and urinary erotism. It is not enough to establish the outlines of development in terms of phases. More detailed differentiation is needed before we can provide these etiological formulæ which the existence of clinical variations in mental disorder demands.

## REFERENCES


1. Ferenczi: 'Stages in the Development of the Sense of Reality'. *Contributions to Psycho-Analysis*, 1916.
2. Ferenczi: 'The Problem of Acceptance of Unpleasant Ideas'. *Further Contributions to the Theory and Technique of Psycho-Analysis*, 1926.
3. Federn: 'Some Variations in Ego-feeling'. THIS JOURNAL, 1926, vol. vii, p. 434: 'Narcissism in the Structure of the Ego'. *Ibid.*, 1928, ix, 401: 'Das Ich als Subjekt und Objekt im Narcissismus'. *Internationale Zeitschrift für Psychoanalyse*, 1929, Bd. xv, S. 393: 'Das Ichgefühl im Traume'. *Ibid.*, 1932, Bd. xviii, S. 145.
4. Klein: *The Psycho-Analysis of Children*: Hogarth Press and Institute of Psycho-Analysis, 1932.
5. Schmideberg: 'The Rôle of Psychotic Mechanisms in Cultural Development'. THIS JOURNAL, 1930, vol. xi, p. 387: 'The Psychology of Persecutory Ideas and Delusions'. *Ibid.*, 1931, vol. xii, p. 331: 'Zur Psychoanalyse asozialer Kinder und Jugendlicher'. *Int. Zeitscrift. f. Psychoanalyse*, 1932, Bd. xviii, S. 474; also Searl: 'The Flight to Reality'. THIS JOURNAL, 1929, vol. x, p. 280: 'Danger Situations of the Immature Ego'. *Ibid.*, 1929, vol. x, p. 423: 'The Rôles of Ego and Libido in Development'. *Ibid.*, 1930, vol. xi, p. 125: 'A Note on Depersonalisation'. *Ibid.*, 1932, vol. xiii, p. 329.
6. Searl: 'The Psychology of Screaming'. THIS JOURNAL, 1933, vol. xiv, p. 193.
7. Glover: 'A Psycho-Analytic approach to the Classification of Mental Disorders'. *Journal of Mental Science*, October, 1932.
8. Glover: 'On the Ætiology of Drug Addiction'. THIS JOURNAL, 1932, vol. xiii.
9. Freud: 'Certain Neurotic Mechanisms in Jealousy, Paranoia and Homosexuality'. *Collected Papers*, vol. ii, 1923.

10. Ferenczi: ' The Nosology of Male Homosexuality '. *Contributions to Psycho-Analysis*, 1916.
11. Freud: ' A Child is Being Beaten '. *Collected Papers*, vol. ii, 1923. See also *Introductory Lectures*.
12. Fenichel: *Perversionen, Psychosen, Charakterstörungen.* Internationaler Psychoanalytischer Verlag, 1931.
13. Freud: ' Female Sexuality '. THIS JOURNAL, 1932, vol. xiii, p. 281.
14. Sachs: ' Zur Genese der Perversionen '. *Internationale Zeitschrift für Psychoanalyse*, 1923, Bd. ix, S. 173.
15. Rank: ' Perversion und Neurose '. *Internationale Zeitschrift für Psychoanalyse*, 1922, Bd. viii, S. 397.
16. Freud: ' Fetichism '. THIS JOURNAL, 1928, vol. ix, p. 161.
17. Lorand: ' Fetichism in Statu Nascendi '. THIS JOURNAL, 1930, vol. xi, p. 419.
18. Sharpe: Lecture on ' Fetichism and Art '. British Psycho-Analytical Society, November 18, 1931.

# ABSTRACTS

## General

Henri Flournoy. 'Der Wissenschaftliche Charakter der Psychoanalyse.' *Psychoanalytische Bewegung*, 1933, Bd. V., S. 5–18.

The author bases his support of psycho-analysis as a science on its power of giving order and genetic and dynamic significance to great quantities of very varied detail by means of its general laws. He insists, rather dogmatically, that it is a strictly empirical science apart from its metaphysics. In its use of hypotheses, theories, ideas and principles he likens it to the basic sciences such as chemistry and physics rather than to their derivatives such as medicine.

M. N. Searl.

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Walter Bromberg and Paul Schilder. 'Death and Dying.' *The Psychoanalytic Review*, April, 1933, Vol. XX, No. 2, pp. 133–185.

Freud formulated the idea of a 'death instinct' or a diminution of vital tension. Heidegger introduced a metaphysical concept postulating that the existence of death is always with us and throws a shadow continuously over our lives. The authors approach the problem by recording statistical data relating to the attitudes toward death and dying in normal and neurotic individuals. The replies were anonymous.

The questions centered around objective and subjective experiences with death, and the respondents were encouraged to write fully. The questions concerned the frequency of thoughts about death, speculation about one's own death, imaginations of one's appearance after death, changes in attitude toward death in the course of years, imaginations concerning the appearance of a person who had been murdered by the individual, etc.

An analysis of the answers indicated that in conscious and unconscious psychological experiences, death has several meanings for the same individual. In all the answers and in the analytic cases (Schilder) in which death ideas were prominent, death had the same symbolic meanings: (1) An escape from an unbearable situation. One lives in death a new life without any of the difficulties of the present life, and it becomes rather a play with the idea of death. There is a close relation between this psychological attitude and physiological reflexes found in certain animals: 'sham death' (*Todstellreflex*). (2) Death may represent a method of forcing others to give more affection than they are otherwise willing to grant. (3) Being killed may be an equivalent of the final sexual union in intercourse. (4) Death may mean the final narcissistic perfection which grants lasting and unchallenged importance to the individual. (5) Death

gratifies the masochistic tendencies and is an idea of self-punishment in that it perpetuates the self-inflicted suffering. The eternity of hell-fire reflects this psychological attitude. (6) All libidinous instincts, all the desire of life find in this way their respective expression in the idea of death.

Sandor Lorand.

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Smith Ely Jelliffe. 'The Death Instinct in Somatic and Psychopathology.' *The Psychoanalytic Review*, April, 1933, Vol. XX, No. 2, pp. 121–132.

From the experiences which the author derived from the study of the different cases of chronic diseases, including skin, lungs, kidney, bone and joint diseases, thyroid and spinal cord involvement, and eye disorders, he attempts to show how the life and death instinct and the conflict between them may become attached to an organ and may be carried on there, resulting in a partial or complete destruction of that organ.

The death instinct operates, in such cases, as an unconscious castration wish. It carries out the death instincts by inhibiting or completely checking the function of that organ.

Jelliffe combines his theoretical consideration with Freud's conclusion of the concept of life and death instincts after reviewing them in a lucid manner.

In one part of his study he discusses mental diseases which recovered following acute somatic diseases, such as typhoid fever, influenza, accidents and severe operations. In the author's opinion in such cases the improvements were the result of the carrying out of the castration threat on an organ or body which 'has been made the specific medium for sadistic encystment of primary narcissistic libido. . . .'

He cites a case of depression where he feels that should a gall bladder operation have been performed the patient would have been saved from a depression because a very strong death instinct of the patient would have been discharged through that channel.

Sandor Lorand.

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## Dreams

Melitta Schmideberg. 'Ein Prüfungstraum.' *Internationale Zeitschrift für Psychoanalyse*, 1933, Bd. XIX, S. 198–202.

During the analysis of a boy of sixteen sadistic phantasies of the Jack the Ripper type (oral and anal attacks on the mother's body) began to emerge into consciousness. As a reaction to these the boy dreamed that he was unable to make a translation. The associations shewed that the word he could not find was equated to drink, to urine and to fæces. The

latent content of the dream was his obligation to return the stolen body-contents, but he felt unable to do this. Other patients, too, regarded examination, confession and free association as sadistic attempts to get something out of them, equating their own body-content with the stolen contents of the mother's body. This anxiety can be overcome by confession (answering questions, etc.) if not too strong, but otherwise may lead to inhibition.

Melitta Schmideberg.

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Immanuel Velikovsky. 'Psychoanalytische Ahnungen in der Traumdeutungskunst der alten Hebraeer nach dem Traktat Brachoth.' *Psychoanalytische Bewegung*, 1933, Jahrgang V, S. 66–69.

These fragments cover the period from the beginning of the Christian era until the sixth century. Some of Freud's most important findings with regard to dreams are foreshadowed in them, notably dreams as the fulfilment of wishes and the use of play on words and symbolism in dreams. Besides this, we find Œdipal impulses mentioned as the frequent though hidden subject of dreams, and a rudimentary form of free association used for their interpretation.

Various examples are given. Thus 'R. Simon ben Gamliel used to say "Men are shewn nothing in their dreams but the wishes of their hearts."' Again, the dream 'I pour olive oil over an olive tree' is interpreted to mean intercourse with the mother.

The only fundamental mistake made is the over-valuation of the influence of interpretation on the future.

I. F. Grant Duff.

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Paul Federn. 'Das Ichgefühl im Traume.' *Internationale Zeitschrift für Psychoanalyse*, 1932, Bd. XVIII, S. 145–170.

In his previous work on the ego-feeling, the subjective experience of the ego-functions, Federn shewed that it is a sensation or feeling, and that ego-feeling may be bodily or mental, active or passive, complete or partial. He supposes it to be the primary narcissistic cathexis of the ego.

He compares dream states with those of estrangement and depersonalization, and shews that ego-feeling is lacking in both. Correct ego-consciousness is always present in the dream, but a personal feeling exists only for the mental processes, the body being ignored in most cases. This involves dissociation of ego-functions. The mental ego-feeling is usually passive in dreams. In a patient's somnambulistic dream the body-ego-feeling was very vivid and was felt as a burden opposing the intended action, which was one ordained by the super-ego. The same thing occurs in inhibition dreams, but there the limb to be moved

is felt as being outside the ego. The somnambulistic dream = I ought to, the inhibition dream = I may not.

Active body-ego-feeling appears when the dreamer assents to the dream-wish *with his will*. A movement carried out without body-ego-feeling emphasizes not the action but the ability to perform it.

The presence or absence of body-ego-feeling, and its nature, indicate the attitude of the ego and the super-ego and thus represent the auxiliary verbs: will, ought, must, may, and can. The will is the application of the total active ego-cathexis to given actions, and Federn claims to have amplified the dream theory by shewing that willing can be recognized in the dream.

W. H. Gillespie.

# BOOK REVIEWS

*Psychoanalysis and Medicine. A Study of the Wish to Fall Ill.* By Karin Stephen. (Cambridge University Press, London, 1933. Pp. 238. Price 8*s.* 6*d.* net.)

As a corollary to Freud's *Introductory Lectures* this is the best book I have read. Dr. Karin Stephen does not forget her readers throughout. She does not thrust analytic theories at them, but deals admirably with their most probable difficulties in accepting certain concepts. Above all, there is a minimum of technical language employed which makes for clarity of thinking. Most happily chosen are her phrases ' unconscious delusions ' and ' unconscious pre-occupations '.

The book is of use not only to those who have little knowledge of psycho-analysis, but also to those analysts who have to lecture to the lay public. It is of special importance at a time like the present when there is so much interest in the deeper problems of the unconscious mind. It forms an admirable bridge between the earlier writings and the current psycho-analytic literature.

Turning now to the actual content of the book : the first chapter gives a brief outline of the Freudian theory of the purpose of psychogenic illness as a defence mechanism against a return of repressed impulses and the morbid anxiety which accompanies such return. It also describes the method of free association as a means of reaching the repressed impulses.

In the next two chapters the author refers to criticisms which have been made against psycho-analysis. She shows how both the patient and the general practitioner are bound to be averse to understanding the meaning of psychogenic symptoms which would menace their defence mechanisms. The criticisms are dealt with in a sympathetic manner and with an understanding of the critics' difficulties, and they form some of the best chapters in the book.

Then follow chapters on the mouth stage, excretory stage and the Œdipus complex, and good illustrative case material is given.

Perhaps the last two chapters on anxiety, guilt and treatment do not quite maintain the high level of the rest of the book because of a tendency towards repetition. The whole book is characterized by a refreshing boldness and breadth of vision, but the omission of an index is regrettable, although the admirable summaries at the end of each chapter go far to minimize this defect.

S. L. Yates.

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*The Development of the Sexual Impulses.* By R. E. Money-Kyrle, M.A., Ph.D. (Kegan Paul, London, 1932. PP. x. + 219. Price 10*s.* 6*d.*)

In the last few years Mr. Money-Kyrle has revealed himself as a writer of importance on the more theoretical aspects of psycho-analysis, and his second volume, which has come into the hands of the reviewer rather late, is perhaps the most ambitious of the three books that he has so far produced. While admirably clear, it is written in a somewhat condensed style which demands the reader's full and unrelaxing attention—a circumstance which has perhaps brought it about that the book would seem to have received, so far, rather less recognition than it deserves. Within a relatively small compass (the print is far from close) there is contained a great wealth of careful thought and observation. If there is much that is speculative in the book, the speculations are those of a thinker who is at once intimately in touch with basic facts and constantly alert as to their implications.

The aim and general nature of the book are best indicated in the opening words of the Preface, from which we may be permitted to quote: ' My original motive for writing this book was an intellectual discomfort, a desire to clear my mind and to bring some order and consistency into my ideas about psycho-analysis and the relations of this science to philosophy, physiology, biology, anthropology, sociology and ethics. I hope it may possibly satisfy a similar desire in some of those who read it. If it contains anything original, this is to be found more in its form than in its content. The subjects with which it deals are usually presented in isolation, so that their intimate relations with each other are not easily perceived. The aim of this work is to present them in one system and thereby to give a general and consistent impression of the wood which an exclusive attention to the individual trees has often made so obscure '.

In pursuance of this aim the author opens with a philosophically oriented chapter in which he endeavours to show that the behaviourist and introspectionist methods in psychology are equally justified, even to the extent of introducing psychological expressions into the middle of a chain of physical causality. Thereafter, however, the method of approach is largely behaviouristic, and indeed one of the most striking features of the book is that it treats of psycho-analytic findings in a more consistently behaviouristic way than is to be found in any previous treatise. This involves to some extent a new terminology, though one that is engagingly simple.

The fundamental facts of Mr. Money-Kyrle's behaviouristic psychology would seem to permit of being expressed in tabular form as follows:

| *Stimuli* | *Responses* |
|---|---|
| Injuries, Needs | Removals |
| Threats | Avoidances |
| Means | Seekings |

So straightforward is this scheme that it almost explains itself. Injuries and needs are looked upon as primary stimuli (the former external, the latter internal), while threats and needs are auxiliary stimuli. In the last resort all responses aim at the removal of a stimulus, for no clear-cut distinction is here drawn between negative and positive tendencies, such as seems to be implied in Freud's dichotomy into libidinal and aggressive (or death) impulses. Thus an avoidance is only the prevention of an injury or need, while means (which are ' sought ') serve in the last resort only to remove stimuli. Means may be preliminary or final, and a considerable part of mental development consists in the acquirement of responses to more and more remote or complicated preliminary means. Means, however, may also be adequate, leading (directly or ultimately) to a real removal, or inadequate, leading only to an illusory one ; and the same applies to removals and seekings. While threats may be true or false and avoidances relevant or irrelevant (when they relate to a false threat). Thus the responses which we are accustomed to regard as pathological are inadequate removals, inadequate seekings or irrelevant avoidances—especially perhaps the two latter ; while a symbol may be described as a false threat or an inadequate means.

Various complications ensue, however, owing to the fact that a false threat may give rise to a true primary stimulus or need, as when irrational fear stimulates the secretion of adrenalin ; and to the further fact that an inadequate response to one need may happen to be an adequate response to another, all sublimations being of this pattern, as when (to take a complicated instance) a statesman, seeking symbolically to protect his mother, may prevent a real attack upon his country.

Space forbids to deal with the way in which this interesting scheme is worked out in detail. As already indicated, the whole treatment is already sufficiently condensed, and does not easily lend itself to summarizing or abstracting. On almost every page, however, the careful reader will find matter for reflection, independently of whether he agrees with the author's conclusions upon any given point or not. These conclusions, however, as might be anticipated by the psycho-analytically trained reader, but scarcely by any other, cover a very wide range of subjects, both in the field of biology and that of human culture. To those who have not understood Freud's theory of sex the title of the work is, therefore, apt to suggest a much narrower aim than that which the author has actually in mind.

In view of Freud's distinction between sexual and aggressive instincts, the reader will naturally be interested to discover what are Mr. Money-Kyrle's views upon the subject. In his later and more popular work *Aspasia* he definitely challenges Freud's view as to the primacy of aggression, adopts the alternative position, held explicitly or implicitly by many

psychologists, that hate is a reaction to the frustration of some other more primary impulse, and proceeds to deal with the sociological implications of this suggestion. In the present work he considers the fundamental biological nature of the impulses, the frustration of which originally gives rise to hate, and suggests that there is in this matter an exception to the law of recapitulation, inasmuch as in individual development hate is (at least in carnivores) a by-product of the oral impulse, whereas in racial development it arose as a male characteristic which served as a means of sexual mastery over the female. In support of the latter conclusion he adduces the fact that ' whereas males of almost all species (herbivora and carnivora) are aggressive in the rutting season, only some (carnivora and the larger herbivora) are aggressive in self-defence, and a still smaller proportion (the carnivora) are also aggressive in pursuit of food ' (p. 74). As regards Freud's ' death instinct ' itself, the author contends that it means ' three different things that have little in common except their name. First, there is the general tendency of all living matter to decay and die ; secondly, there is its tendency to react as long as, and only as long as it is stimulated, and therefore to " seek " the absence of stimulus ; and, lastly, there is an aggressive impulse, which is sometimes inverted against the self ' (p. 72). And in this connection he contrasts the operation of the chemical substances, which produce sensual need and which tend to accumulate periodically with that of ' adrenalin and the other substances, whatever they are, which excite aggressiveness and which appear to be only ejected into the blood stream when they are wanted, i.e. when there is frustration ' (p. 73).

The reader is apt to expect that at this point attention will be drawn to the apparent relationship, on the one hand between love and means, and on the other hand between hate and injuries or threats ; but little or nothing is said upon this subject, and we are left wondering whether the author considers that the relationships in question are so obvious as to need no special treatment or whether after all the correspondence is not as close as it at first appears.

The concluding chapter is devoted to a very interesting consideration of the probable effects of psycho-analysis on human life. Psycho-analysts—like many other scientific workers—have in the past been for the most part too absorbed in their immediate tasks to contemplate philosophically the ultimate consequences of their labours. Although such an attitude of aloofness is very comprehensible, it is beginning to be doubtful how far it is really desirable. It is now admitted that the progress of physical science, while bringing many benefits, has landed society into difficulties which might at least have been to some extent foreseen, and therefore perhaps in part also avoided, if a little more intelligence had been directed to the probable effects of this progress.

H. G. Wells has recently demanded the establishment of Professors of Foresight, whose special business it should be to anticipate the consequences of scientific discovery, and it is to Mr. Money-Kyrle's credit that he should have been the first seriously to take upon himself the task of foreseeing the ultimate effects of psycho-analysis, which in the long run may perhaps be no less startling or disconcerting than those of physics.

Psycho-analysis, it is pretty clear, tends (in Mr. Money-Kyrle's terminology) to abolish irrelevant avoidances and inadequate seekings. Among these, however, we must once again distinguish between ' symptoms ', which have no secondary value, and ' sublimations ', which have such a value. While the insight brought by psycho-analysis is likely to destroy the former, it may well retain the latter, though there are many border-line cases where there must necessarily be some uncertainty as to how much is retained, how much abandoned. There will often be purely ' inadequate ' elements in an otherwise useful sublimation and these will tend to disappear ; while in other cases what has been an end in itself may become little more than a useful or desirable step towards an end, as in the case of some elements in the so-called sexual ' perversions '. In any case the growth of insight will often be gradual, and (as in an individual analytic treatment) there may be temporary changes which are different from, or even opposed to, those of a more permanent state which will be ultimately achieved. Thus, in the sexual sphere, a realization of the irrelevancy of many avoidances may at one stage be expected to conduce to a greater promiscuity, while a deeper understanding of the futility of the search for a lost infantile ideal will ultimately lead rather to a greater constancy (though not necessarily to a greater chastity). In religion there may at first be a realization that self-aggression, as manifested in the sense of sin and the need for penance and humiliation, is irrelevant, in that it is an aggression that has been turned against the self as a substitute for aggression against outer forces. Later, it may be seen that this latter aggression is itself largely irrelevant, as it is aimed ultimately against the father, not against God or Nature ; while eventually it may appear that even this father-aggression is no longer relevant, since it relates to a long vanished infantile situation rather than to a present one.

In ethics, as in religion, the unconscious morality of the super-ego will be shown to be irrelevant, but we need fear no great social upheaval as a consequence of this, since the same irrelevancy will apply to most of the anti-social impulses it was the function of the super-ego to repress.

In the modern world morals have largely replaced the negative aspects of religion, while political idealism is tending to replace its more positive aspects. In political idealism, however, there is a greater secondary gain, and hence we may expect this to continue, though with a gradually increasing elimination of ' irrelevant ' aims. The mechanism of projection,

however, will continue to operate, since it is easier to project a desire than to renounce it utterly, and we shall therefore in all likelihood continue to strive in order that future generations may enjoy what we can never hope to have ourselves.

Back of all, however, there remain two problems that for the present must remain unanswered. In the first place, to what extent will sublimation continue to be practised, in so far as it may cease to be necessary for survival ? The process of development will probably ensure the occurrence of the irrelevant responses on which sublimations are ultimately built, and it would be an easy matter to prevent sublimation falling below a certain necessary minimum ; but beyond this the conflict of sublimation *versus* more primitive forms of satisfaction will continue. In the event, however, of mankind choosing sublimation, it is difficult to see an end to its activities, which may in course of time, as J. B. S. Haldane has also suggested, eventually transfer it to another planet. In the second place, how far will intelligence ultimately prefer the method of race suicide to more roundabout methods of avoiding injuries and needs ? If the suicide solution is preferred, ' the universe will be clear for the growth of some species of ant or termite where instincts are less sullied by intelligence '.

We have indicated only in briefest outline some of the contents of this stimulating book. All psycho-analysts whose interest extends beyond the purely clinical aspects of their science will find therein much matter for profitable reflection ; while biologists, psychologists, sociologists and others, who desire an original and relatively brief exposition of the wider bearings of psycho-analysis, will be well advised also to read the illuminating treatment of the subject which Mr. Money-Kyrle has here provided.

J. C. F.

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*Woman's Periodicity*. By Mary Chadwick, S.R.N. (Noel Douglas, London, 1933. Pp. 227. Price 6*s*. net.)

Miss Chadwick has devoted much research and time to the problem of menstruation, which she regards as the core of the woman's secret, and finds in this function the embryo of her loves and hate. A historical survey of the early beliefs and ancient medical theories leads up to an interesting account of the witch-cult. In describing the possible origins of menstrual taboos, Miss Chadwick passes over rather slightly the unconscious motivations ; she deals mainly with the conscious attitude of both men and women towards menstruation. The author points out that both the positive attitude towards menstruation as an illness requiring rest and care and the negative attitude that menstruation means nothing to the woman emotionally or physically are based upon man's irrational attitude towards everything connected with sex.

The book is obviously intended for intelligent women and men who

may be reasonably expected to profit by the advice given to parents and others having charge of girls, before, at and after puberty. The descriptions of the usual disturbances at the menopause and after should serve to dispel some of the troubles of that period ; which is not, Miss Chadwick states, the end of the woman's sexual life. In a book of this kind, intended to give sound advice to both sexes on menstruation, it is obvious that the deeper psychological findings would be out of place, but Miss Chadwick has made use of the psycho-analytic point of view whenever it seemed desirable to press home her viewpoints in such a way as to make the unconscious understandable.

M. D. Eder.

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## CORRECTION

*Note.*—In the notice of ' Individual Psychology and Psychosomatic Disorders ' (inadvertently referred to as ' Individual Psychology and Organic Disease ') in the last issue (page 437) a statement by Dr. Crookshank (quoted and discussed by Dr. Vere Pearson), ' Phthisis always has an origin in discouragement ', was misquoted as ' Phthisis always has its origin in discouragement '. The reviewer, in expressing regret, adds that her criticism was directed to the too narrow conception of the *nature* of the psychological origins of disease held by the author throughout the pamphlet, and that it is in no way affected by the misquotation.

# BULLETIN OF THE INTERNATIONAL PSYCHO-ANALYTICAL ASSOCIATION

EDITED BY

ANNA FREUD, GENERAL SECRETARY

THE AMERICAN PSYCHO-ANALYTICAL ASSOCIATION

(A Federation of the American Psycho-Analytical Societies)

The Association has completed its initial work of reorganization. Under the leadership of the President, Dr. A. A. Brill, effort is now being directed toward the development of the three Societies federated in the Association and the organization of a fourth group. The American Association will continue to have an annual Spring Meeting and a Mid-Year Meeting of the Societies federated in its membership.

The thirteenth meeting of The American Psycho-Analytical Association (a Federation of the American Psycho-Analytical Societies) was held on May 31, 1933, at the Hotel Statler, Boston, Massachusetts. The morning programme was given in joint assembly with the American Psychiatric Association. The Vice-President, Dr. William A. White, presided whilst the President, Dr. A. A. Brill, read his paper entitled, ' Homœrotic Mechanisms in Paranoia ' ; Dr. Isador H. Coriat then presented ' An Analytic Theory of Hallucinations ' ; Dr. Thomas M. French, ' Relations Between the Unconscious and the Reality Principle ' ; Dr. C. P. Oberndorf, ' Erotization in Thinking ' ; and Dr. Sándor Radó, ' Unconscious Mechanisms in Neurotic Depressions '. At the afternoon session, Dr. Lucile Dooley presented, ' A Note on Humor ' ; Dr. David M. Levy, ' Experiments in Psycho-Dynamics—a Study in Sibling Rivalry ' ; Dr. Karl Menninger, ' Polysurgery—Compulsive Submission to Surgical Operations '; Dr. William V. Silverberg, ' The Psychological Significance of " *Du* " and " *Sie* " ' ; and Dr. Ives Hendrick, ' Excessive Dreams and Schizophrenia '. Dr. Radó delivered an address in memory of Dr. Sándor Ferenczi.

At the Executive Session of the annual meeting Dr. William A. White was re-elected Vice-President ; and Dr. Ernest E. Hadley Secretary-Treasurer of the Association. An official communication from Dr. Silverberg, Secretary of the Washington-Baltimore Psycho-Analytical Society, confirming the re-election of Ernest E. Hadley for the three-year term on the Executive Council was received by the President.

The newly created Section on Psycho-Analysis approved by the Council of the American Psychiatric Association was then discussed. The President reported that he had discharged the committee appointed to inquire into the incorporation of The American Psycho-Analytical Association as a Section of the American Psychiatric Association, a matter first

discussed while Vice-President White was President of the latter Association. He had become concerned because the probable adoption of the new Constitution by the Psychiatric Association would make possible the formation of a Section on Psycho-Analysis which might be done by psychiatrists poorly qualified in psycho-analysis. He had, therefore, consulted Councillors of the Psychiatric Association; a plan had been worked out by which this danger might be obviated, and on the adoption of the new Constitution of the American Psychiatric Association, its Council had approved a Section created solely of members of this Federation who were also Fellows of the Psychiatric Association wholly acceptable to its Council. Presumably on a misunderstanding, it was charged by a member that this action was prejudicial to the best interests of psycho-analysis in America, since anyone who was a member of the Psychiatric Association could become a member of this new Section. On request of the Chair, Dr. Ross McClure Chapman, a member both of this Federation and of the Council of the Psychiatric Association, rebutted the statement. A vote of confidence in the Permanent President having been moved, seconded, and discussed, was adopted. The session then adjourned informally, reconvened at 10.30 on the morning of June 1, Vice-President White presiding. A resolution of censure of a member was, after discussion, adopted unanimously by the twenty-one members attending, the Secretary being directed to forward a copy of the resolution to the member concerned.

The application of a group designated the Boston Psycho-Analytical Society for membership in the Federation was considered by the Executive Council. Since the Constitution requires that a group applying for admission shall consist of not less than ten properly qualified members; and, since the Executive Council had sufficient evidence to qualify only six of the members of the group in question and one other psycho-analyst in the Boston Area, it could not at this time accept the group concerned. Action on the application of the Boston Psycho-Analytical Society was, therefore, postponed to the next meeting of the Executive Council.

Ernest E. Hadley, M.D.,
*Secretary.*

## BRITISH PSYCHO-ANALYTICAL SOCIETY

*Second and Third Quarters*, 1933

*April*, 5, 1933. Dr. Glover: Report and Discussion of a Questionnaire on Technique.

*May* 3, 1933. Dr. Glover: Report and Discussion (continued).

*May* 17, 1933. Dr. Middlemore: 'The Treatment of Bewitchment in a Puritan Community'.

*June* 13, 1933. (*a*) Address by the President in memory of Dr. Ferenczi. (*b*) Mr. Strachey: 'The Nature of the Therapeutic Action of Psycho-Analysis'.

*June* 27, 1933. Dr. Payne: 'An Analysis of some of the Experiences of a Medium'.

Edward Glover,
*Hon. Scientific Secretary.*

*July* 12, 1933. *Annual Meeting:*

(1) The reports of the Secretaries, Treasurer and Librarian were submitted to the members.

(2) The following officers were elected for the ensuing year:

*President,* Dr. Ernest Jones.

*Scientific Secretary,* Dr. Edward Glover.

*Business Secretary,* Dr. Sylvia Payne.

*Treasurer,* Dr. Douglas Bryan.

*Members of Council,* Dr. Eder, Dr. Stoddart, Dr. Adrian Stephen.

*Training Committee,* Dr. Glover, Dr. Jones, Mrs. Klein, Dr. Payne, Dr. Rickman, Miss Sharpe.

*Librarian,* Miss Low.

*Members of Library Sub-Committee,* Dr. Brierley, Miss Chadwick, Mr. Strachey.

(3) Dr. Jones proposed that Dr. Brill should be elected an Honorary Member. This proposal was carried unanimously.

(4) Miss Grant Duff and Dr. Melitta Schmideberg were elected to Membership.

(5) All the Associate Members were re-elected.

(6) Dr. Jones proposed that a South African Study Group should be affiliated to the Society. He said that the policy which he advocated was that the Dominions of the British Empire should have independent societies when each nucleus had advanced sufficiently. Until sufficient progress had been made affiliation as a Study Group offered privileges comparable to those of associate-membership of a Society and paved the way for the formation of a new independent Society as had been formed in India.

The proposal was carried unanimously.

(7) Dr. Jones read a circular from the *Verlag* on the subject of the recent difficulties in receiving letters, and advised as to methods of overcoming these difficulties.

| | |
|---|---|
| Number of Members . . . . . | 31 |
| Honorary Members . . . . . | 2 |
| Associate Members . . . . . | 23 |
| | 56 |

S. M. Payne,
*Hon. Business Secretary.*

## THE CHICAGO PSYCHO-ANALYTICAL SOCIETY

*Second Quarter*, 1933

*April* 8, 1933. Dr. Gregory Zilboorg (New York): 'Anxiety without Affect'.

*April* 29, 1933. Dr. Felix Deutsch (Vienna): 'Bio-Analytic Studies'.

*May* 13, 1933. Dr. Karen Horney: 'On a Frequent Disturbance in Female Love-Life'.

*June* 17, 1933. (*a*) Dr. N. Lionel Blitzten: 'Clinical Studies: the Formation of a Cryptic Language and its Unconscious Determinants'.

(*b*) Business Meeting:

Re-election of Present Officers: Dr. N. Lionel Blitzten, *President;* Dr. Karl A. Menninger, *Vice-President;* Dr. Edwin R. Eisler, *Secretary-Treasurer.*

Edwin R. Eisler,
*Secretary.*

## DUTCH PSYCHO-ANALYTICAL SOCIETY

*First Quarter*, 1933

*January* 28, 1933. (Amsterdam.) *Annual Meeting.*

Adoption of the Reports of the Secretary, Treasurer and Training Committee. Ratification of the changes in the Statutes.

*Election of Officers.* J. H. W. van Ophuijsen, *President;* A. Endtz, *Secretary;* Dr. F. P. Muller, *Treasurer;* J. H. W. van Ophuijsen, Dr. F. P. Muller, Dr. A. J. Westerman Holstijn, Dr. S. Weyl, A. Endtz, *Training Committee.*

*March* 4, 1933. (Leyden.) Dr. Th. van Schelven: Demonstration of erotic drawings.

*April* 22, 1933. (The Hague.) Dr. S. Weyl: 'A Criminal Case of Sexual Perversion'.

*June* 17, 1933. (Amsterdam.) (1) Address by the President in memory of Dr. S. Ferenczi.

(2) *Business Meeting.* (*a*) Discussion of the Report of the Oxford Commission and of the possibility of its adoption by the Society. (*b*) Discussion on the migration of foreign analysts to Holland.

A. Endtz,
*Secretary.*

## FRENCH PSYCHO-ANALYTICAL SOCIETY

*Second Quarter*, 1933

*May* 23, 1933. Discussion of the Report on 'Obsessions', presented to the Seventh Annual Conference of French-speaking Psycho-Analysts

by Dr. A. Borel and Dr. M. Cénac. Special reference was made to the problem of remorse and its relation to obsession.

*June* 16, 1933. Dr. Parcheminey : ' The Conception of Regression as a Factor in the Genesis of Neurotic Illness '. The works of Pavlov on conditioned reflexes were cited as throwing light on certain neurotic mechanisms.

S. Nacht.

## GERMAN PSYCHO-ANALYTICAL SOCIETY

*Second Quarter*, 1933

*April* 25, 1933. Dr. Fenichel : Critical review of Nunberg's *Allgemeine Neurosenlehre auf psychoanalytischer Grundlage.*

*May* 6, 1933. *Extraordinary General Meeting.* After considerable discussion it was decided by a majority of votes to make no change in the officers of the Society and the Staff of the Institute.

*May* 23, 1933. Dr. Berliner (guest of the Society) : ' Melancholia with Conversion-Symptoms in a Fatal Organic Illness '.

*May* 30, 1933. Short Communications : (*a*) Dr. Fenichel : ' Fetishism and the compulsion to observe '.

(*b*) Dr. Paula Heimann (guest of the Society) : ' A contribution to the problem of maternal feeling '.

(*c*) Frau Edith Glück (guest of the Society) : ' Introduction to the analysis of a child '.

(*d*) Dr. Kemper (guest of the Society) : ' A case of unusual incestuous relationship '.

*June* 13, 1933. Memorial meeting for Sándor Ferenczi : (1) Dr. Eitingon, and (2) Dr. Simmel : Memorial addresses.

*June* 20, 1933. Frau Edith Glück (guest of the Society) : ' A case of Pseudogenitality based on Anal Fixation '.

*June* 24, 1933. Dr. Baumeyer (guest of the Society) : ' Scoptophilia and Exhibitionism in Agoraphobia '.

*July* 4, 1933. (1) Else Fuchs (guest of the Society) : ' On the Psycho-Analysis of Stammering '.

(2) Reading of a paper by Frau Dr. Nic Hoel (Oslo) : ' Fire-extinguishing and Homosexuality '.

*July* 11, 1933. (1) Dr. Kemper (guest of the Society) : ' Female Sexual Sensations in Males : a comparative study from the evolutionary standpoint '.

(2) *Business Meeting. Election of Associate Members :* Frau Nic Hoel, Frau Edith Glück, Fräulein Else Fuchs, Fräulein Gertrud Göbel, Dr. Werner Kemper, Dr. Franz Baumeyer, Dr. Max Levy-Suhl.

Dr. Felix Boehm,
*Secretary.*

## HUNGARIAN PSYCHO-ANALYTICAL SOCIETY

*Second Quarter*, 1933

*April* 7, 1933. (1) Frau Dr. K. G. Lázár: 'Some cases dealt with by the Educational Advisory Committee'.

(2) *General Meeting:* Re-election of the Council. *Election to Membership:* Frau Dr. Lilly G. Hajdu, Budapest, iv Mária Valéria u. 1.

At the President's suggestion a vote of thanks was passed to Frau Vilma Kovács for her valuable work on the Training Committee.

*April* 21, 1933. Frau K. Lévy: 'Feminine Sexuality: observations based on the study of a particular case'. I. Clinical description.

*May* 5, 1933. Frau K. Lévy: Continuation of the paper on 'Feminine Sexuality'. II. Theoretical conclusions.

*May* 19, 1933. Frau Dr. L. K. Rotter: 'Formal Idiosyncrasies in Free Association'.

On May 22, 1933, the Society sustained the loss of its Founder and President, Dr. Sándor Ferenczi.

Dr. Imre Hermann.

## INDIAN PSYCHO-ANALYTICAL SOCIETY

*Supplement to* 1932

*March* 20, 1932. (1) Discussion of Dr. Karen Horney's paper on 'Premenstrual Psychic Disturbances'.

(2) *Business Meeting: Election to Associate Membership:* Mr. Saroj Kumar Chowdhuri.

The Secretary reported that Mr. Shyam Swaroop Jalota, M.A., had been recommended by the Council of the Indian Psycho-Analytical Institute as a suitable candidate for training. The President decided that the training-analysis should be undertaken by Mr. Banerji.

The President read Professor Freud's letter of thanks for the Society's congratulations on the occasion of his seventy-fifth birthday and for the gift of the ivory statuette: 'Ananta Bishnumurti'. It was resolved to place the letter in the Society's archives.

*July* 31, 1932. (1) The President read Lt.-Colonel Daly's paper: 'Pre-human Psychic Evolution', a theory of the evolution of man in the pre-glacial, glacial and first post-glacial epochs. The writer traces, in the light of Freud's findings and those of other psycho-analysts, the influence of parallel, i.e. of geological, economic and social, factors upon our pre-human ancestors in the evolution of the human psyche.

(2) *Business Meeting.* Discussion of the letters received by the President of the Indian Psycho-Analytical Society from Professor Freud and the President of the International Psycho-Analytical Association on the subject of the financial difficulties of the International Psycho-Analytical *Verlag*. The letters were circulated amongst the members of the Society. The following resolutions were adopted: (*a*) The sum of

105.12.0 rupees, out of the fund collected in honour of Professor Freud's seventy-fifth birthday, shall be forwarded immediately to the Central Executive as a contribution from the Society to the International *Verlag*. Any voluntary contributions from members shall be sent later. (*b*) In view of the grave financial crisis in India and for political and economic reasons the Society is of opinion that the proposal to levy a special monthly contribution from members would not at the present moment be generally approved. In accordance with the above resolutions a total sum of 435.11.6 rupees was sent to the Central Executive.

The Society thanked Lt.-Colonel Daly, Dr. Bose, Lt.-Colonel Berkeley Hill and G. Bora for their generosity in the cause of psycho-analysis.

*December* 10, 11 and 12, 1932. Dr. Bose: Readings from his work, *A New Theory of Mental Life*, a survey, an analysis and a criticism of the psycho-analytical theories of Professor Freud. Dr. Bose stated that, taking Freud's findings as his basis, he had evolved his theory of 'conflicting wishes' from the experience acquired in the analysis of over 600 cases. At the Indian Science Congress, held at Patna in 1932, a part of his book formed the Presidential Address in the Section of Psychology and was published by the Congress. The full text is now in the press and will appear as the second part of the special number of the *Indian Journal of Psychology*, which is being published in honour of Wundt's hundredth birthday.

Mr. Banerji reported that Mr. Shyam Swaroop Jalota had finished his analysis and was eligible for membership.

The financial position of the Society is satisfactory. The funds have been increased by gifts from members and by the sum raised to commemorate Professor Freud's seventy-fifth birthday. The Society was able to contribute 435.11.6 rupees towards meeting the deficit of the International Psycho-Analytical *Verlag*. The income is chiefly derived from the fees paid for psycho-analyses and is unfortunately not enough to allow us to take a most important step, namely, to rent suitable premises for the Library and the Institute. The Council is eager to do this as soon as funds allow.

### Progress of Psycho-Analysis in India

Since the formation of the Society in January, 1932, interest in psycho-analysis has steadily increased in India. The resistance aroused by its penetration into sexual life has considerably decreased. At the Universities of Dacca, Mysore and the Punjab psycho-analysis has been given a place in the curriculum of advanced studies, an extension of the recognition already accorded to it in Calcutta before 1922. In the movement for mental hygiene, the study of juvenile delinquency and the mental and educational treatment of backward children recourse has been had to psycho-analysis. In these fields the work of Lt.-Colonel Berkeley-Hill and Mr. Maiti deserves special acknowledgement. Parents, guardians and

educationists have sought help from the Clinic which is run on regulation psycho-analytical lines in the Psychological Department of the University College of Science in Calcutta, under the direction of Dr. Bose. The Mental Hygiene Association is about to found a Clinic of its own, for the treatment of cases in the hospitals staffed by the Medical College. With the help of the Psychological Department this Association has drawn the attention of wider circles of people to the importance of psycho-analytical knowledge for parents and teachers. In this it has co-operated with the organizers of the Health Exhibitions given annually in the Indian Museum in Calcutta. Lectures on psycho-analytical subjects are given every year in the Psychological Section of the Indian Science Congress. In Lahore one of our members, Professor Pars Ram, of Forman Christian College, and in Patna another member, Professor Rangin Chandra Halder, have done excellent work by means of lectures and writings. In Calcutta Dr. S. C. Mitra and Mr. M. N. Banerji have broadcasted talks on psycho-analysis. In the Presidential Address of the Psychological Section of the Philosophical Congress of 1932, Dr. S. C. Mitra put forward : ' A Suggestion for a New Theory of Emotion ', in which he formulates the ' harmony hypothesis ' in accordance with modern psycho-analytical views on the subject of emotion. This work will appear in the Wundt-volume of the *Indian Journal of Psychology*.

M. N. Banerji,
*Secretary*.

## NEW YORK PSYCHO-ANALYTICAL SOCIETY

*April*, 1932 *to April*, 1933

During the period from April, 1932 to January, 1933, the Society continued its usual activities. One of the difficult problems that it had to face was the adjustment of its training regulations with the requirements of the New York State authorities which insisted that certain changes be made ; these are pending. The members of the Society undertook to subscribe various sums in order to render financial assistance to the *Internationaler Psychoanalytischer Verlag*. Dr. Edith Spalding resigned from the Society. Dr. Ralph Kaufman and Dr. David Slight were elected as non-resident members, and Dr. H. Flanders Dunbar was elected as Associate-member. The Society sustained a loss through the death of Dr. Stewart Sniffen.

The activities of the New York Psycho-Analytical Society covering the first two quarters of the year 1933 are as follows : a special committee has been working on the re-arrangement of the order of business so as to make the scientific sessions run more smoothly.

At a special meeting held on January 26, the following officers of the Society were elected : Dr. A. A. Brill, *President ;* Dr. Bertram D. Lewin, *Vice-President ;* Dr. Gregory Zilboorg, *Secretary ;* Dr. Monroe A. Meyer,

*Treasurer. Members of the Council:* Dr. Bertram D. Lewin, *Chairman;* Dr. Bernard Glueck and Dr. Adolph Stern. Dr. Dudley D. Shoenfeld was elected as trustee of the American Psycho-Analytic Foundation for one year in place of Dr. Smith Ely Jelliffe.

The Educational Committee of the Society was reorganized and its functions redefined. According to this reorganization the Educational Committee becomes also the Educational Committee of the New York Psychoanalytic Institute. The Members of the Committee became elective instead of appointive, as they had been heretofore. The following were elected to the Educational Committee: Drs. Lewin, Zilboorg and Kubie for three years; Drs. Feigenbaum and Shoenfeld for two years, and Drs. Glueck and Williams for one year.

Dr. Thomas H. Haines resigned from membership. Dr. Thomas M. French transferred his membership from the New York group to Chicago. Dr. Frink was reinstated to full membership of the Society. Dr. Orgel was promoted to full membership of the Society. Dr. George Smeltz of Pittsburg, Dr. R. H. Hutchings of Utica, New York, were elected as non-resident members; and Dr. Sidney Klein and Dr. Harry I. Weinstock as Associate members.

Dr. Felix Deutsch of Vienna addressed the New York Society and many other medical groups in the United States.

The Society continued to enjoy Dr. Radó's educational and scientific activities and invited him to stay indefinitely.

During the period from April, 1932 to April, 1933, the following scientific papers were read:

Dr. Franz Alexander: 'The Instinctual and Structural Conflicts in the Neuroses'.

Dr. M. Ralph Kaufman: 'A Clinical Note on the Economic Value of Religious Delusions in Schizophrenia'.

Dr. Ives Hendrick: 'Ego Deficiencies of the Passive Feminine Character'.

Dr. Gregory Zilboorg: 'Anxiety without Affect'.

Dr. Sandor Lorand: 'Reactivated Infantile Traumata in the Analytic Hour'.

The proceedings of the meeting in December, 1932, have been reported by the American Psycho-Analytical Association (this JOURNAL, Vol. XIV, Pt. 2).

Gregory Zilboorg,
*Secretary.*

## VIENNA PSYCHO-ANALYTICAL SOCIETY

*Second Quarter*, 1933

*April* 5, 1933. Dr. Ludwig Eidelberg: 'Perversion'.

*April* 19, 1933. Joint Review of Professor Freud's *Neue Vorlesungen.* The separate sections were dealt with as follows:

(1) Dr. E. Hitschmann : *Revision der Traumlehre.*

(2) Dr. R. Wälder : *Die Zerlegung der psychischen Persönlichkeit.*

*May* 3, 1933. Continuation of the Joint Review of the *Neue Vorlesungen.*

(3) Dr. Grete Bibring : *Traum und Okkultismus.*

*May* 17, 1933. Continuation of the Joint Review.

(4) Dr. R. Wälder : *Angst und Triebleben.*

*May* 31, 1933. (1) *Business Meeting. Election to Membership* Dr. Ludwig Eidelberg and Erik Homburger.

(2) Continuation of the Joint Review :

(5) Dr. Helene Deutsch : *Weiblichkeit.*

*June* 14, 1933. Memorial Meeting for Dr. Sándor Ferenzci.

(1) Reading of an Obituary notice by Sigmund Freud.

(2) Memorial Address by Dr. Paul Federn.

*June* 28, 1933. Continuation of the Joint Review :

(6) Dr. Richard Sterba : *Aufklärungen, Anwendungen, Orientierungen.*

(7) Dr. Heinz Hartmann : *Ueber eine Weltanschauung.*

Anna Freud,
*Secretary.*

# LIST OF MEMBERS OF THE INTERNATIONAL PSYCHO-ANALYTICAL ASSOCIATION

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A Federation of the American Psycho-Analytic Societies

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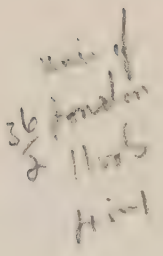

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# CONTENTS

## ORIGINAL PAPERS


PAGE

ERNEST JONES. THE PHALLIC PHASE ..... 1

HELENE DEUTSCH. FEMALE SEXUALITY ..... 34

KAREN HORNEY. THE DENIAL OF THE VAGINA ..... 57

L. PIERCE CLARK. THE QUESTION OF PROGNOSIS IN NARCISSISTIC NEUROSES AND PSYCHOSES ..... 71

MARJORIE FRANKLIN. FAMILY REACTIONS DURING A CASE OF OBSESSIONAL NEUROSIS ..... 87


## ABSTRACTS


GENERAL ..... 108

CLINICAL ..... 109

DREAMS ..... 111

SEXUALITY ..... 112

CHILDHOOD ..... 113

APPLIED PSYCHO-ANALYSIS ..... 114


## BOOK REVIEWS


THE PSYCHO-ANALYSIS OF CHILDREN. By Melanie Klein ..... 119

CALIGULA. By Hanns Sachs ..... 129

THE CRIMINAL, THE JUDGE, AND THE PUBLIC. By Franz Alexander 129

THE PSYCHOLOGICAL EFFECTS OF MENSTRUATION. By Mary Chadwick ..... 131

ASPASIA: THE FUTURE OF AMORALITY. By R. E. Money-Kyrle. 132

THE TECHNIQUE OF PSYCHO-ANALYSIS. By Dr. Hans von Hattingberg 135

PSYCHO-ANALYSIS AND NEUROSES. By Dr. Hans von Hattingberg ..... 135

SIN AND THE NEW PSYCHOLOGY. By Clifford E. Barbour ..... 136


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REPORT OF THE TWELFTH INTERNATIONAL PSYCHO-ANALYTICAL CONGRESS ..... 138



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